

# For adult patients who can't fall asleep...and for the elderly patient who can't stay asleep

Polygraphic measurements of insomniac patients enable scientists at sleep research laboratories to construct profiles of sleep like the ones below.<sup>1\*</sup>



## Differences in sleep problems demonstrated in the sleep research laboratory

Polygraphic measurements at sleep research laboratories demonstrate 5 sleep stages. Stages 1 through 4 are progressive, from lightest to deepest sleep. The fifth stage is REM sleep, characterized by rapid eye movements and linked with dreaming. Typically, a young adult sleeps more deeply and has more REM time than an elderly person. The youthful per-

son also awakes less frequently during the night.

Insomnia problems, too, differ with age. Under the age of 50, difficulty falling asleep is the most frequent complaint, whereas for patients over 50, difficulty staying asleep characterized by frequent and prolonged nocturnal awakenings or very-early-in-the-morning final awakenings appears to be the primary problem.

<sup>\*</sup>The sleep profiles above are artist's representations of abnormal profiles as might be seen in the sleep research laboratory for the insomnia types indicated.

**Dalmane®** (flurazepam HCl)

**Demonstrated effective  
by the science of sleep  
research**

Measurements in the sleep research laboratory that demonstrate differences in sleep patterns also document the effectiveness of Dalmane (flurazepam HCl). Hundreds of hours of experience<sup>1-10</sup> with young adult problem sleepers demonstrated that:

One capsule of Dalmane at bedtime usually:

- produced sleep within 17 minutes
- decreased nocturnal awakenings and time awake after sleep onset
- provided 7 to 8 hours of sleep without need to repeat dosage during the night.

While no adverse clinical reactions with Dalmane were reported in these studies, dizziness, drowsiness, lightheadedness and the like have been noted, particularly in the elderly and debilitated. (An initial dose of Dalmane 15 mg should be prescribed for these patients.)

**DALMANE®**  
(flurazepam HCl)



**When restful sleep is indicated**

One 15-mg capsule *h.s.*—initial dosage for elderly or debilitated patients.

One 30-mg capsule *h.s.*—usual adult dosage.

For a summary of product information, please see next page.

**Demonstrated effective by the science  
of the sleep research laboratory**

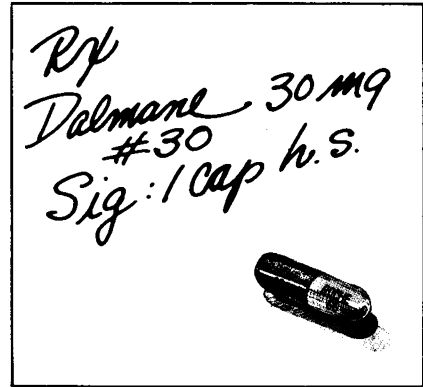
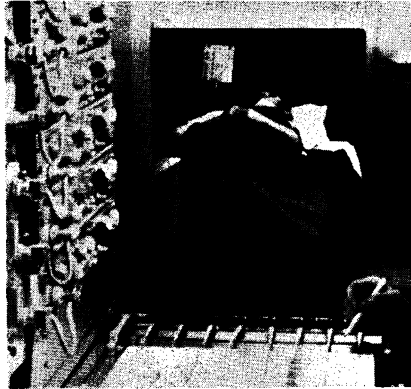
# DALMANE®

(flurazepam HCl)

**When restful sleep is indicated**

One 30-mg capsule h.s.—usual adult dosage.

One 15-mg capsule h.s.—initial dosage for elderly or debilitated patients.



**Before prescribing Dalmane (flurazepam HCl), please consult Complete Product Information, a summary of which follows:**

**Indications:** Effective in all types of insomnia characterized by difficulty in falling asleep, frequent nocturnal awakenings and/or early morning awakening; in patients with recurring insomnia or poor sleeping habits; and in acute or chronic medical situations requiring restful sleep. Since insomnia is often transient and intermittent, prolonged administration is generally not necessary or recommended.

**Contraindications:** Known hypersensitivity to flurazepam HCl.

**Warnings:** Caution patients about possible combined effects with alcohol and other CNS depressants. Caution against hazardous occupations requiring complete mental alertness (e.g., operating machinery, driving). Use in women who are or may become pregnant only when potential benefits have been weighed against possible hazards. Not recommended for use in persons under 15 years of age. Though physical and psychological dependence have not been reported on recommended doses, use caution in administering to addiction-prone individuals or those who might increase dosage.

**Precautions:** In elderly and debilitated, initial dosage should be limited to 15 mg to preclude oversedation, dizziness and/or ataxia. If combined with other drugs having hypnotic or CNS-depressant effects, consider potential additive effects. Employ usual precautions in patients who are severely depressed, or with latent depression or suicidal tendencies. Periodic blood counts and liver and kidney function tests are advised during repeated therapy. Observe usual precautions in presence of impaired renal or hepatic function.

**Adverse Reactions:** Dizziness, drowsiness, lightheadedness, staggering, ataxia and falling have occurred, particularly

in elderly or debilitated patients. Severe sedation, lethargy, disorientation and coma, probably indicative of drug intolerance or overdosage, have been reported. Also reported were headache, heartburn, upset stomach, nausea, vomiting, diarrhea, constipation, GI pain, nervousness, talkativeness, apprehension, irritability, weakness, palpitations, chest pains, body and joint pains and GU complaints. There have also been rare occurrences of sweating, flushes, difficulty in focusing, blurred vision, burning eyes, faintness, hypotension, shortness of breath, pruritus, skin rash, dry mouth, bitter taste, excessive salivation, anorexia, euphoria, depression, slurred speech, confusion, restlessness, hallucinations and elevated SGOT, SGPT, total and direct bilirubins and alkaline phosphatase. Paradoxical reactions, e.g., excitement, stimulation and hyperactivity, have also been reported in rare instances.

**Dosage:** Individualize for maximum beneficial effect. *Adults:* 30 mg usual dosage; 15 mg may suffice in some patients. *Elderly or debilitated patients:* 15 mg initially until response is determined.

**Supplied:** Capsules containing 15 mg or 30 mg flurazepam HCl.

## References

1. Kales, A.: "The Evaluation and Treatment of Insomnia," Scientific Exhibit presented at Clinical Convention, A.M.A., New Orleans, La., Nov. 28-Dec. 1, 1971.
2. Kales, A.: "Psychophysiological and Biochemical Changes Following Use and Withdrawal of Hypnotics," in Kales, A. (ed.): *Sleep: Physiology and Pathology*, Philadelphia, Lippincott, 1969, p. 331.
3. Kales, J., et al.: *Clin. Pharmacol. Ther.*, 12:691, 1971.
4. Kales, A., et al.: *Arch. Gen. Psychiat.*, 23:226, 1970.
5. Kales, A., and Kales, J.: *J.A.M.A.*, 213:2229, 1970.
6. Frost, J. D., Jr.: "A System for Automatically Analyzing Sleep," Scientific Exhibit presented at Clinical Convention, A.M.A., Boston, Nov. 29-Dec. 2, 1970; and at 42nd Annual Scientific Meeting, Aerospace Med. Assoc., Houston, April 26-29, 1971.
7. Karacan, L., et al.: "The Sleep Laboratory in the Investigation of Sleep and Sleep Disturbances," Scientific Exhibit presented at Amer. Psychiat. Assoc., Washington, D. C., May 3-7, 1971.
8. Hartmann, E.: *Psychopharmacologia*, 12:346, 1968.
9. Dement, W. C.: Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley, N. J.
10. Vogel, G. W.: Data on file, Medical Department, Hoffmann-La Roche Inc., Nutley, N. J.



ROCHE LABORATORIES  
Division of Hoffmann-La Roche Inc.  
Nutley, New Jersey 07110

1951



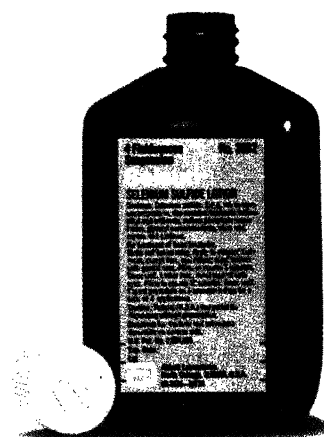
## Hair styles come and go, but Selsun<sup>®</sup> (SELENIUM SULFIDE LOTION) remains a classic for dandruff

Since 1951, Selsun has proven to be effective in treating dandruff and seborrheic dermatitis. When your patient is tormented by itching and scaling, provide the relief that only you can prescribe ...Selsun...classic anti-dandruff therapy.

**Precautions and side effects:** Keep out of the eyes, burning or irritation may result. Avoid application to inflamed scalp or open lesions. Occasional sensitization may occur. Rinse well.

Contains: Selenium sulfide, 2½%, w/v in aqueous suspension; also contains: bentonite, sodium alkyl aryl sulfonate, sodium phosphate (monobasic), glyceryl monoricinoleate, citric acid, captan, and perfume.

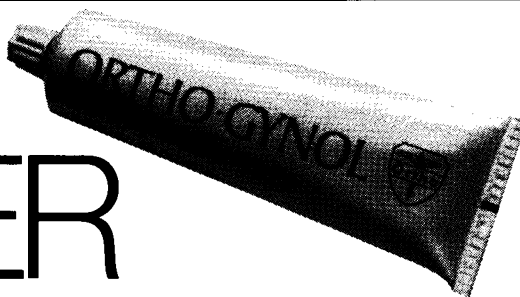
303413R







# A VERY SOUND BARRIER



**For patients who can't or won't use the "pill" or an IUD**

While no contraceptive is one hundred percent effective, the Ortho All-Flex Diaphragm and Ortho-Gynol Contraceptive Jelly, together, act as a very effective barrier to conception and is a method that is rarely contraindicated.

Ortho All-Flex is designed to provide comfort and reliability and to meet the highest esthetic standards of the most discriminating women.

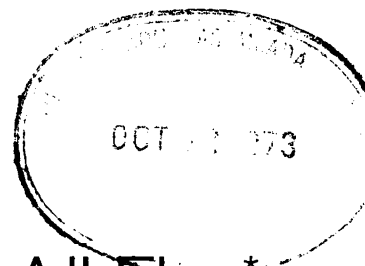
Ortho All-Flex Diaphragms are made of high quality, long-lasting latex. They won't discolor when used with Ortho-Gynol Contraceptive Jelly or Ortho-Creme\* since these contain no phenylmercuric acetates. No introducer is needed: the unique spring-within-a-spring construction forms a perfect arc wherever compressed.

Consider the advantages of prescribing the Ortho All-Flex Diaphragm and Ortho-Gynol when you and your patient decide on the diaphragm and jelly method of conception control.



If you would like a professional fitting-ring set and fitting-procedure brochure, please contact your Ortho representative.

Ortho Pharmaceutical Corporation, Raritan, New Jersey 08869



The Ortho All-Flex<sup>\*</sup>  
Diaphragm with  
Ortho-Gynol<sup>\*</sup>  
Contraceptive Jelly

\*Trademark

© ORTHO PHARMACEUTICAL CORPORATION 1973

When irritable colon feels like this



... **KINESED®** provides more complete relief.

Gastroenteritis, colitis, gastritis or duodenitis can produce spasm or hypermotility, gas distention and discomfort. But Kinesed can provide a balanced formulation to relieve these symptoms:

- ☐ belladonna alkaloids—for the hyperactive bowel
- ☐ simethicone—for accompanying distention and pain due to gas
- ☐ phenobarbital—for associated anxiety and tension

**Contraindications:** Hypersensitivity to barbiturates or belladonna alkaloids, glaucoma, advanced renal or hepatic disease.

**Precautions:** Administer with caution to patients with incipient glaucoma, bladder neck obstruction or urinary bladder atony. Prolonged use of barbiturates may be habit-forming.

**Side effects:** Blurred vision, dry mouth, dysuria, and other

atropine-like side effects may occur at high doses, but are only rarely noted at recommended dosages.

**Dosage: Adults:** One or two tablets three or four times daily. Dosage can be adjusted depending on diagnosis and severity of symptoms.

**Children 2 to 12 years:** One-half or one tablet three or four times daily. Tablets may be chewed or swallowed with liquids.



**STUART PHARMACEUTICALS** | Division of ICI America Inc. | Wilmington, Del. 19899

(from the Greek *kinetikos*,  
to move,  
and the Latin *sedatus*,  
to calm)

**KINESED®**

antispasmodic/sedative/antiflatulent

Each *chewable tablet* contains: 16 mg. phenobarbital (warning: may be habit-forming); 0.1 mg. hyoscyamine sulfate; 0.02 mg. atropine sulfate; 0.007 mg. scopolamine hydrobromide; 40 mg. simethicone.

Chuckwalla (*Sauromalus obesus*):  
This southwestern desert lizard seeks  
shelter in crevices of rocks.  
When attempts are made to probe him  
from his niche, he gulps air  
until his abdomen is distended up to  
sixty per cent over its normal size...  
thus wedging himself tightly  
in place and preventing capture.

**G.I. problems  
making her  
a fixture  
in your office?**



# 'Milpath' can cut down her complaints by helping to control: bloating/cramping/pain/'nervous stomach' when aggravated by anxiety and tension\*

For most patients:

## 'Milpath'-400

(meprobamate 400 mg +  
tridihexethyl chloride 25 mg)

Usual adult dose: One  
tablet t.i.d. at mealtimes,  
and two tablets at bedtime.

When spasm is severe:

## 'Milpath'-200

(meprobamate 200 mg +  
tridihexethyl chloride 25 mg)

Usual adult dose: Two  
tablets t.i.d. at mealtimes,  
and two tablets at bedtime.

\*

**INDICATIONS:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indication as follows:

"Possibly" effective: as adjunctive therapy in peptic ulcer and in the irritable bowel syndrome (irritable colon, spastic colon, mucous colitis, and functional gastrointestinal disorders), especially when accompanied by anxiety or tension.

Final classification of this indication requires further investigation.

**CONTRAINDICATIONS:** **Tridihexethyl chloride:** Previous allergic or idiosyncratic reactions to it or related compounds; urinary bladder-neck obstructions (e.g., prostatic obstructions due to hypertrophy); pyloric obstructions because of reduced motility and tonus; organic cardiospasm (megaesophagus); glaucoma; possibly in stenosing gastric or duodenal ulcers with significant gastric retention. **Meprobamate:** Acute intermittent porphyria and allergic or idiosyncratic reactions to meprobamate or related compounds such as carisoprodol, mebutamate, tybamate, carbromal.

**WARNINGS:** **Meprobamate:** *Drug Dependence:* Physical and psychological dependence and abuse have occurred. Chronic intoxication, from prolonged use and usually greater than recommended doses, leads to ataxia, slurred speech, vertigo. Carefully supervise dose and amounts prescribed, and avoid prolonged use, especially in alcoholics and addiction-prone persons. Sudden withdrawal after prolonged and excessive use may precipitate recurrence of pre-existing symptoms (e.g., anxiety, anorexia, insomnia) or withdrawal reactions (e.g., vomiting, ataxia, tremors, muscle twitching, confusional states, hallucinosis; rarely convulsive seizures, more likely in persons with CNS damage or pre-existent or latent convulsive disorders). Therefore, reduce dosage gradually (1-2 weeks) or substitute a short-acting barbiturate, then gradually withdraw. *Potentially Hazardous Tasks:* Driving a motor vehicle or operating machinery. *Additive Effects:* Possible additive effects between meprobamate, alcohol, and other CNS depressants or psychotropic drugs. *Pregnancy and Lactation:* Safe use not established; weigh potential benefits against potential hazards in pregnancy, nursing mothers, or women of childbearing potential. Animal data at five times the maximum recommended human dose show reduction in litter size due to resorption.

**PRECAUTIONS:** **Tridihexethyl chloride:** Use cautiously in elderly males (possible prostatic hypertrophy). **Meprobamate:** To avoid oversedation, use lowest effective dose, particularly in elderly and/or debilitated patients. Consider possibility of suicide attempts; dispense least amount of drug feasible at any one time.

To avoid excess accumulation, use caution in patients with compromised liver or kidney function. Meprobamate may precipitate seizures in epileptics.

**ADVERSE REACTIONS:** **Tridihexethyl chloride:** Dry mouth (fairly frequent at oral doses of 100 mg), constipation or "bloating" feeling, tachycardia, bradycardia, dilated pupils, increased ocular tension, weakness, nausea, vomiting, headache, drowsiness, urinary hesitancy or retention, dizziness. **Meprobamate:** *Central Nervous System:* Drowsiness, ataxia, dizziness, slurred speech, headache, vertigo, weakness, paresthesias, impairment of visual accommodation, euphoria, overstimulation, paradoxical excitement, fast EEG activity. *Gastrointestinal:* Nausea, vomiting, diarrhea. *Cardiovascular:* Palpitations, tachycardia, various forms of arrhythmia, transient ECG changes, syncope; also hypotensive crises (including one fatal case). *Allergic or Idiosyncratic:* Usually after 1-4 doses. Milder reactions: itchy, urticarial, or erythematous maculopapular rash (generalized or confined to groin). *Other:* leukopenia, acute nonthrombocytopenic purpura, petechiae, ecchymoses, eosinophilia, peripheral edema, adenopathy, fever, fixed drug eruption with cross reaction to carisoprodol, and cross sensitivity between meprobamate/mebutamate and meprobamate/carbromal. More severe, rare hypersensitivity: hyperpyrexia, chills, angioneurotic edema, bronchospasm, oliguria, anuria, anaphylaxis, erythema multiforme, exfoliative dermatitis, stomatitis, proctitis, Stevens-Johnson syndrome, bullous dermatitis (one fatal case after meprobamate plus prednisolone). Stop drug, treat symptomatically (e.g., possible use of epinephrine, antihistamines, and in severe cases corticosteroids). *Hematologic:* Agranulocytosis and aplastic anemia (rarely fatal), but no causal relationship established. Rarely, thrombocytopenic purpura. *Other:* Exacerbation of porphyric symptoms.

**USUAL ADULT DOSAGE:** One 'Milpath'-400 (meprobamate 400 mg + tridihexethyl chloride 25 mg) tablet three times a day at mealtimes and 2 at bedtime. For greater anticholinergic effect, 2 'Milpath'-200 (meprobamate 200 mg + tridihexethyl chloride 25 mg) three times a day at mealtimes and 2 at bedtime. Meprobamate dose should not exceed 2400 mg daily.

Not for use in children under age 12.

**OVERDOSAGE:** **Tridihexethyl chloride:** Acute overdosage can produce dry mouth, difficulty swallowing, marked thirst; blurred vision, photophobia; flushed, hot, dry skin; rash; hyperthermia; palpitations, tachycardia with weak pulse, elevated blood pressure; urinary urgency with difficulty in micturition; abdominal distention; restlessness, confusion, delirium and other signs suggesting acute organic psychosis. Empty stomach after administration of Universal Antidote and treat symptomatically as indicated. **Meprobamate:** Suicidal attempts with meprobamate, alone or with alcohol or other CNS depressants or psychotropic drugs, have produced drowsiness, lethargy, stupor, ataxia, coma, shock, vasomotor and respiratory collapse, and death. Empty stomach, treat symptomatically; cautiously give respiratory assistance, CNS stimulants, pressor agents as needed. Meprobamate is metabolized in the liver and excreted by the kidney. Diuresis and dialysis have been used successfully. Carefully monitor urinary output; avoid overhydration; observe for possible relapse due to incomplete gastric emptying and delayed absorption.

Before prescribing, consult package circular or latest PDR information.

REV. 5/72

WALLACE PHARMACEUTICALS, Cranbury, N.J. 08512



Relaxes smooth muscle and psyche/ **Milpath**<sup>®</sup>  
(meprobamate+tridihexethyl chloride)



# Efudex<sup>®</sup> (fluorouracil) works where it counts...



**Lesion #2—Two days after initiation of therapy.** Electron micrograph of solar keratotic skin from patient's hand.

**Typical abnormalities are:**

Malpighian cells [containing an abundance of thick tonofibrils (T)] which are connected with well-developed desmosomes (D). Note the clumped tonofibrils in the so-called 'dyskeratotic' cell (arrow) indicative of solar keratosis. No change can be noted at this level after two days of therapy.  $\times 5000$  (12/16/71)



**Lesion #3—Two weeks after initiation of therapy.** Electron micrograph of skin from patient's hand.

**Improvement shown:**

Less conspicuous desmosomes (D), widened intercellular spaces and Malpighian cells showing a remarkable reduction of tonofibrils (T). The arrow indicates a degenerating dyskeratotic cell.  $\times 5000$  (12/31/71)

## Solar, actinic or senile keratoses

By whatever name they may be known, they commonly occur as multiple lesions and chiefly on the exposed portions of the skin. Because they may be premalignant, it is generally agreed that they should be treated. Surgery, cryotherapy, or electrodesiccation may present certain drawbacks, both for the physician and the patient, but there is Efudex<sup>®</sup> (fluorouracil)—as an alternative to conventional therapy.

### Sequence of therapy— Selectivity of response

The easily applied Efudex cream or solution usually begins to show effects within a few days—an erythema in the area of the lesions. Within two weeks after initiation of therapy, this reaction usually reaches its height of unsightliness and discomfort, declining after discontinuation of therapy. This reaction occurs in affected areas. Since the response is so predictable, lesions that do not respond should be biopsied to rule out the presence of a frank neoplasm.

## Acceptable results

Treatment with Efudex (fluorouracil) provides highly acceptable cosmetic results posttherapeutically. The incidence of scarring is low.\* This is particularly important with multiple facial lesions. Efudex should be applied with care near the nose, eyes and mouth.

### 5% cream/solution—a Roche exclusive

Only Roche formulates the 5% cream and solution—high in patient acceptability—economical—and higher in clinical efficacy than the 2% formulation for lesions of the hands and forearms.

\*Data on file, Hoffmann-La Roche Inc., Nutley, New Jersey.



Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, N.J. 07110

# in treating solar keratoses which may be premalignant.



**Before treatment—12/14/71**



**After treatment—Two weeks after  
therapy stopped—1/28/72**

**This patient's solar keratoses  
responded to  
Efudex (fluorouracil) 5%**

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Multiple actinic or solar keratoses.

**Contraindications:** Patients with known hypersensitivity to any of its components.

**Warnings:** If occlusive dressing used, may increase inflammatory reactions in adjacent normal skin. Avoid prolonged exposure to ultraviolet rays. Safe use in pregnancy not established.

**Precautions:** If applied with fingers, wash hands immediately. Apply with care near eyes, nose and mouth. Lesions failing to respond or recurring should be biopsied.

**Adverse Reactions:** Local—pain, pruritus, hyperpigmentation and burning at application site most frequent; also dermatitis, scarring, soreness and tenderness. Also reported—insomnia, stomatitis, suppuration, scaling, swelling, irritability, medicinal taste, photosensitivity, lacrimation, leukocytosis, thrombocytopenia, toxic granulation and eosinophilia.

**Dosage and Administration:** Apply sufficient quantity to cover lesion twice daily with nonmetal applicator or suitable glove. Usual duration of therapy is 2 to 4 weeks.

**How Supplied:** Solution, 10-ml drop dispensers—containing 2% or 5% fluorouracil on a weight/weight basis, compounded with propylene glycol, tris(hydroxymethyl)amino-methane, hydroxypropyl cellulose, parabens (methyl and

propyl) and disodium edetate.

Cream, 25-Gm tubes—containing 5% fluorouracil in a vanishing cream base consisting of white petrolatum, stearyl alcohol, propylene glycol, polysorbate 60 and parabens (methyl and propyl).

**An alternative to  
conventional therapy**  
**Efudex<sup>®</sup>**  
**(fluorouracil)**  
**cream/solution**

# Occult Blood: often the first clue to colon cancer

## Hemoccult® Slides make routine fecal screening a practical office procedure

### Ready for instant use

No guaiac preparation, heating, or complex developing procedures. Slide is ready to give to patient for application of specimen at home—or in the office.

### Compact...inoffensive...mailable

With 'Hemoccult', only a minute stool sample is required. Bulky, smelly specimens are eliminated. "Inoculated" slides are easy for patient to carry or mail.

### Color change is easy to read

Positive color response to 'Hemoccult' developer is usually clear cut. There's little likelihood of variation in interpretation by different individuals.

### Sensitive... but not too sensitive

Laboratory tests assure the carefully controlled uniformity of 'Hemoccult' guaiac-impregnated filter paper. In vitro studies show it has a high degree of consistency in detecting fecal blood in amounts above the range considered normal (i.e., 2.0 to 2.5 ml./100 Gm. of feces, per day).

### Economical

A recommended test series of 6 'Hemoccult' Slides costs only 90 cents. Less, if slides are purchased in cartons of 1,000.



### 2 SIMPLE STEPS

1. Apply thin smear of stool; close slide. Let dry.
2. Open perforated tab on back; apply developer. Read results in 30 seconds.

Any trace of blue is "positive" for occult blood.

**Also available: 'Hemoccult' Tape**  
for on-the-spot testing during rectal or sigmoidoscopic examinations.

TO ORDER OR FOR MORE INFORMATION, MAIL COUPON OR CONTACT YOUR SK&F REPRESENTATIVE

### SMITH KLINE DIAGNOSTICS



division of SK&F Laboratories  
Dept. E42  
1500 Spring Garden Street  
Philadelphia, Pa. 19101

Please send me:

\_\_\_\_\_ boxes of 100 'Hemoccult' Slides @ \$15.00 each

\_\_\_\_\_ 'Hemoccult' Tape dispensers @ \$9.00 each

\_\_\_\_\_ Additional information

☐ Check enclosed

☐ Please bill me

SJW-CM 3/73

Name \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_

Signature \_\_\_\_\_





**Who  
killed  
the  
wicked  
itch**

(and the infection)\*

**?**

**snow white**  
**Sporostacin Cream**  
TRADEMARK

(chlordantoin 1% and benzalkonium chloride 0.05%)

After you write your prescription for two tubes of soothing, fungicidal Sporostacin Cream, tell your patient not to be fooled by the quick relief of symptoms it affords. Make sure she knows how to use it as directed—for the *full* 14-day course of therapy. Then, on follow-up, you'll usually find that nonstaining, easy-to-use Sporostacin Cream has finished off vulvovaginal candidiasis in the nicest possible way.

**two tubes...two weeks**



\*

**Indication:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indication as follows:

"Probably" effective: For the treatment of vulvovaginal candidiasis.

Final classification of the less-than-effective indications requires further investigation.

**Contraindications:** None known. **Precautions:** Cases of sensitization and irritation have been reported. When noted the drug should be discontinued. **Dosage:** One applicatorful intravaginally twice daily for a period of 14 days. Course of therapy may be repeated if necessary.

**Ortho Pharmaceutical Corporation • Raritan, New Jersey 08869**



© OPC 1972



**NOW**  
**ISORDIL®**  
**(ISOSORBIDE DINITRATE)**  
**TEMBIDS® CAPSULES, 40 mg.**

**One capsule b.i.d. helps protect  
your angina pectoris patients  
for up to 24 hours a day.**

**THERE ARE TWO FORMS  
OF SUSTAINED ACTION ISORDIL—  
ISORDIL TEMBIDS CAPSULES, 40 mg.,  
AND ISORDIL TEMBIDS TABLETS, 40 mg.**

Widely accepted Isordil Tembids Tablets are now joined by an additional sustained action form, Isordil Tembids Capsules, providing greater prescribing flexibility.

**\*Indications:** Based on a review of this drug by the National Academy of Sciences—National Research Council and/or other information, FDA has classified the indication as follows:

"Possibly" effective: When taken by the oral route, Isordil (isosorbide dinitrate) is indicated for the relief of angina pectoris (pain of coronary artery disease). It is not intended to abort the acute anginal episode, but is widely regarded as useful in the prophylactic treatment of angina pectoris.

Final classification of the less-than-effective indications requires further investigation.

**Contraindication:** Idiosyncrasy to this drug.

**Warnings:** Data supporting the use of nitrites during the early days of the acute phase of myocardial infarction (the period during which clinical and laboratory findings are unstable) are insufficient to establish safety.

**Precautions:** Tolerance to this drug and cross-tolerance to other nitrites and nitrates may occur. In patients with functional or organic gastrointestinal hypermotility or malabsorption syndrome, it is suggested that either the ISORDIL 5 mg. or 10 mg. Oral tablets or sublingual tablets be the preferred therapy. The reason for this is that a few patients have reported passing partially dissolved ISORDIL TEMBIDS tablets in their stools. This phenomenon is believed to be on the basis of physiological variability and to reflect rapid gastrointestinal transit of the sustained action tablet. TEMBIDS SHOULD NOT BE CHEWED.

**Adverse Reactions:** Cutaneous vasodilation with flushing. Headache is common and may be severe and persistent. Transient episodes of dizziness and weakness as well as other signs of cerebral ischemia associated with postural hypotension may occasionally develop. This drug can act as a physiological antagonist to norepinephrine, acetylcholine, histamine, and many other agents. An occasional individual exhibits marked sensitivity to the hypotensive effects of nitrite, and severe responses (nausea, vomiting, weakness, restlessness, pallor, perspiration and collapse) can occur even with the usual therapeutic dose. Alcohol may enhance this effect. Drug rash and/or exfoliative dermatitis may occasionally occur.

*Consult direction circular before prescribing.*

May we send you reprints, detailed information and/or professional samples?

TEMBIDS® — TRADEMARK FOR SUSTAINED ACTION TABLETS AND CAPSULES

**IVES LABORATORIES INC.**   
685 Third Avenue, New York, N.Y. 10017  
DEDICATED TO IMPROVING THE QUALITY  
OF LIFE, THROUGH MEDICINE

# THE PRICE OF LETTER® (SODIUM LEVOTHYROXINE, Armour) Tablets

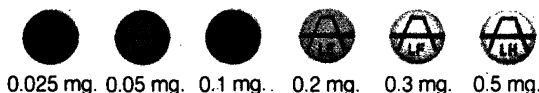
Armour brand of T<sub>4</sub>

## HAS BEEN CUT BY 30%.



Wouldn't it be  
a good idea  
to start your new  
hypothyroid  
patients  
on Letter\*?

- New scored tablets for easy dosage adjustment.
- color coded and potency marked tablets for quick identification.
- 6 potencies.



**Indications:** Hypothyroid conditions.

**Contraindications:** Thyrotoxicosis, acute myocardial infarction and in the presence of uncorrected adrenal insufficiency because it increases the tissue demands for adrenocortical hormones and may cause an acute adrenal crisis.

**Warnings:** Should be used with caution in patients with cardiovascular disease, including hypertension. Development of chest pain or other aggravation of cardiovascular disease will require a decrease in dosage.

Injection of epinephrine in patients with coronary artery disease may precipitate an episode of coronary insufficiency. This may be enhanced in patients receiving thyroid preparations. Careful observation is required if catecholamines are administered to patients in this category. Patients with coronary artery disease should be carefully observed during surgery, since the possibility of precipitating cardiac arrhythmias may be greater in those treated with thyroid hormones.

Thyroid replacement may potentiate anticoagulant effects with agents such as warfarin or bishydroxycoumarin and reduction of one-third in

anticoagulant dosage should be undertaken upon initiation of LETTER® (sodium levothyroxine, Armour) tablets therapy. Subsequent anticoagulant dosage adjustment should be made on the basis of frequent prothrombin determinations.

In patients whose hypothyroidism is secondary to hypopituitarism, adrenal insufficiency will probably also be present. When adrenal insufficiency and hypothyroidism coexist, the adrenal insufficiency should be corrected by corticosteroids before administering thyroid hormone.

**Precautions:** Patients with hypothyroidism, and especially myxedema, are particularly sensitive to thyroid preparations so that treatment should begin with small doses and increments should be gradual.

In patients with diabetes mellitus, addition of thyroid hormone therapy may cause an increase in the required dosage of insulin or oral hypoglycemic agents. Conversely, decreasing the dose of thyroid hormone may possibly cause hypoglycemic reactions if the dosage of insulin or oral hypoglycemic agents is not adjusted.

**Adverse Reactions:** Excessive dosage of thyroid medication may result in symptoms of hyper-

thyroidism. Since, however, the effects do not appear at once, the symptoms may not appear for one to three weeks after the dosage regimen is begun. The most common signs and symptoms of overdosage are weight loss, palpitation, nervousness, diarrhea or abdominal cramps, sweating, tachycardia, cardiac arrhythmias, angina pectoris, tremors, headache, insomnia, intolerance to heat and fever. If symptoms of overdosage appear, discontinue medication for several days and reinstitute treatment at a lower dosage level.

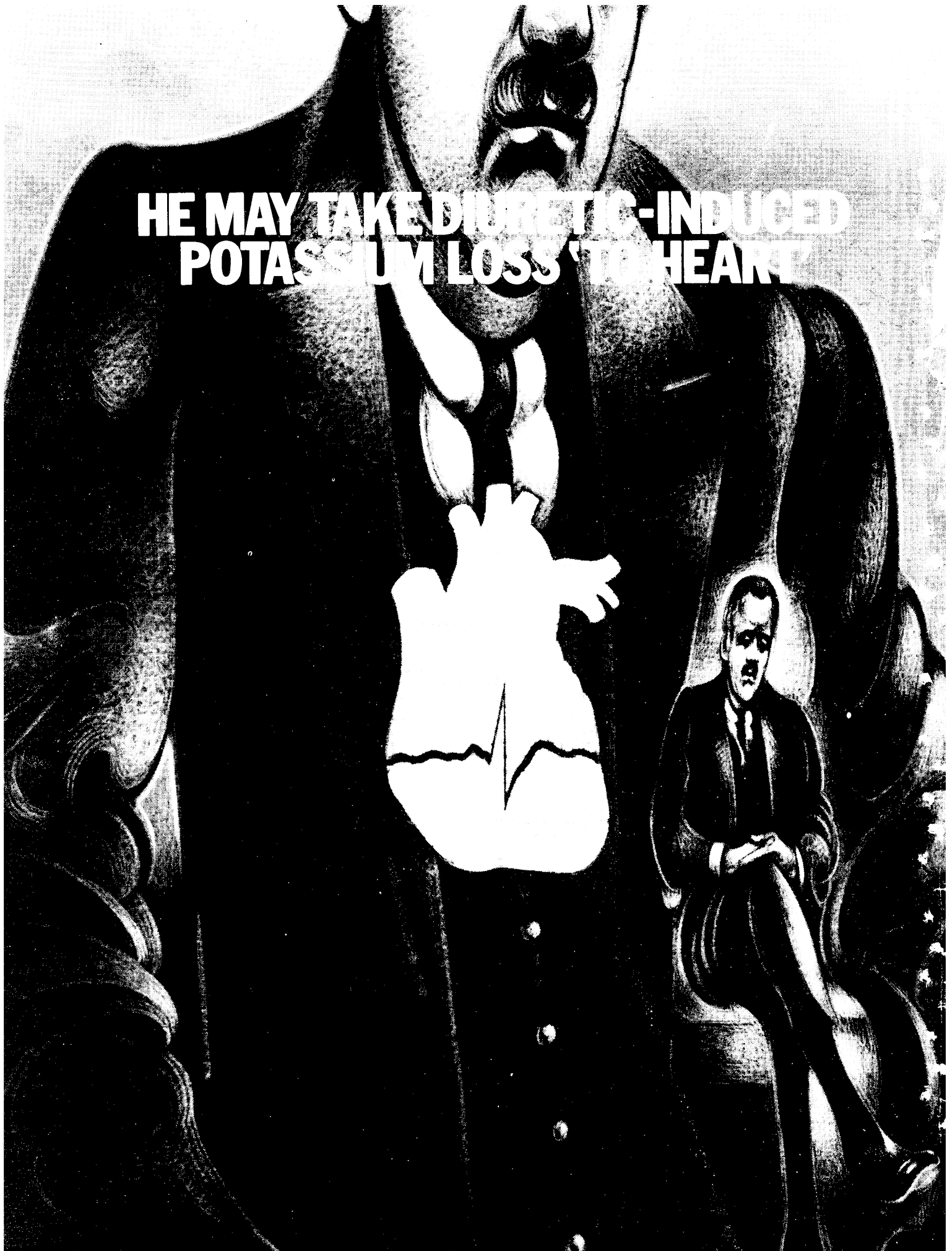
**Dosage:** Generally, the initial adult dosage is 0.1 mg. daily. This may be increased in small increments every 1 to 3 weeks until proper metabolic balance is achieved.

**Available:** Bottles of 100 tablets, in 6 potencies: 0.025 mg. (violet), 0.05 mg. (peach), 0.1 mg. (pink), 0.2 mg. (green), 0.3 mg. (yellow), and 0.5 mg. (white).



Armour Pharmaceutical Company  
Phoenix, Arizona 85077

**HE MAY TAKE DIURETIC-INDUCED  
POTASSIUM LOSS 'TO HEART'**



# AVOID POTASSIUM DEFICIENCY WITH...

## K-LYTE® OR K-LYTE/CL®

potassium supplement                      potassium supplement *with* chloride

Manifestations of potassium deficiency may range through a variety of signs and symptoms including muscular weakness and fatigue...cardiac alterations discernible by characteristic ECG tracings...impaired mental function and diminished reflexes...impaired respiration...anorexia and abdominal distention.

The etiology of hypokalemia is also broad, encompassing a number of clinical conditions. But most important of all may be a course of treatment that causes excessive loss of body potassium—such as thiazide diuretics and corticosteroids.

No matter what the etiology, the solution is usually *potassium supplementation*.

What better way to supplement than with K-LYTE or K-LYTE/CL. Effervescent K-LYTE tablets supply the usually recommended dose of 50 mEq. potassium daily in just two tablets. When chloride is also desirable, K-LYTE/CL provides it in the preferred 1:1 ratio to potassium. Both forms are accurate and reliable sources of electrolyte replacement. Administration in "pre-dissolved" form reduces the potential for G.I. irritation. Finally, you have a choice of three delicious flavors—a taste of oranges, tangy lime or fruit punch—all good enough to drive a patient to drink.

**K-Lyte®** Each effervescent tablet in solution supplies 25 mEq. potassium as bicarbonate and citrate

**K-Lyte®/Cl** Each dose of powder in solution supplies 25 mEq. potassium chloride

Each tablet or dose must be completely dissolved before taking.

**Indications:** K-Lyte and K-Lyte/Cl are oral potassium supplements for therapy or prophylaxis of potassium deficiency. Particularly useful when thiazide diuretics or corticosteroids cause excessive excretory potassium losses. **Contraindications:** Impaired renal function with oliguria or azotemia; Addison's disease; hyperkalemia from any cause. **Warnings and Precautions:** Since the amount of potassium deficiency may be difficult to determine accurately, supplements should be administered with caution, and dosages adjusted to the requirements of the individual patient. Potassium intoxication rarely occurs in patients with normal kidney function. Symptoms of potassium intoxication are variable. They include listlessness, mental confusion, and tingling of the extremities. Frequent checks of the clinical status of the patient, ECG, and serum potassium level are desirable. In established hypokalemia, attention should also be directed toward other potential electrolyte disturbances. Potassium supplements should be given cautiously to digitalized patients. To minimize the possibility of gastrointestinal irritation associated with the oral ingestion of concentrated potassium salt preparations, patients should be carefully directed to dissolve each dose completely in the stated amount of water. K-Lyte/Cl contains approximately 20-25 Calories of sucrose per dose which should be considered for patients with restriction of caloric intake. **Adverse Reactions:** Nausea, vomiting, diarrhea, and abdominal discomfort may occur with the use of potassium salts. **Dosage and Administration:** Adults: 1 tablet or dose *completely dissolved*, 2 to 4 times daily, depending upon the requirements of the patient: K-Lyte: 1 tablet (25 mEq. potassium) in 3 to 4 ounces of cold or ice water; K-Lyte/Cl: 1 dose (25 mEq. potassium chloride) in 6 ounces of cold or ice water. The normal adult daily requirement is approximately 50 mEq. of elemental potassium. **NOTE: It is suggested that these products be taken with meals and sipped slowly over a 5-10 minute period.** **How Supplied:** K-Lyte: Effervescent tablets—boxes of 30 and 250 (orange or lime flavors). K-Lyte/Cl: Powder, cans of 30 measured doses with scoop (fruit-punch flavor). R

**Mead Johnson**  
LABORATORIES

# Henry's on his feet again!



## BEMINAL<sup>®</sup>-500

High potency B complex vitamins/ 500mg. vitamin C

A return to good health can be so many things... medical and nursing care... rest and proper diet... and prescribed nutritional supplementation, like BEMINAL-500, when the need is for high potency vitamin B complex with 500 mg. of vitamin C.

BEMINAL-500 provides B and C for vitamin deficiencies which

may occur during

- pre- and postoperative care
- acute infections

or resulting from

- debilitating long term illness
- convalescence

BEMINAL-500 Tablets have no odor and leave no aftertaste... 500 mg. of vitamin C in every tablet.

*Each BEMINAL-500 tablet contains:*

Thiamine mononitrate (Vit. B <sub>1</sub> )	25.0 mg.
Riboflavin (Vit. B <sub>2</sub> )	12.5 mg.
Niacinamide	100.0 mg.
Pyridoxine hydrochloride (Vit. B <sub>6</sub> )	10.0 mg.
Calcium pantothenate	20.0 mg.
Ascorbic acid (Vit. C)	
as sodium ascorbate	500.0 mg.
Cyanocobalamin (Vit. B <sub>12</sub> )	5.0 mcg.

Each tablet contains 0.15 mg. saccharin as sodium saccharin.

*Each tablet provides the following multiples of the recognized adult minimum daily requirements:*

Thiamine mononitrate	25
Riboflavin	10
Niacinamide	10
Ascorbic Acid	16

The need for pyridoxine hydrochloride, calcium pantothenate, and cyanocobalamin in human nutrition has not been established.

**USUAL DOSAGE:**

*Adults*—1 tablet daily, or as directed.

**SUPPLIED:**

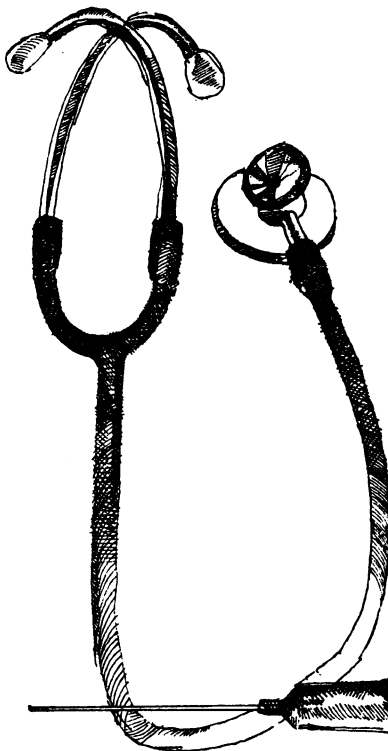
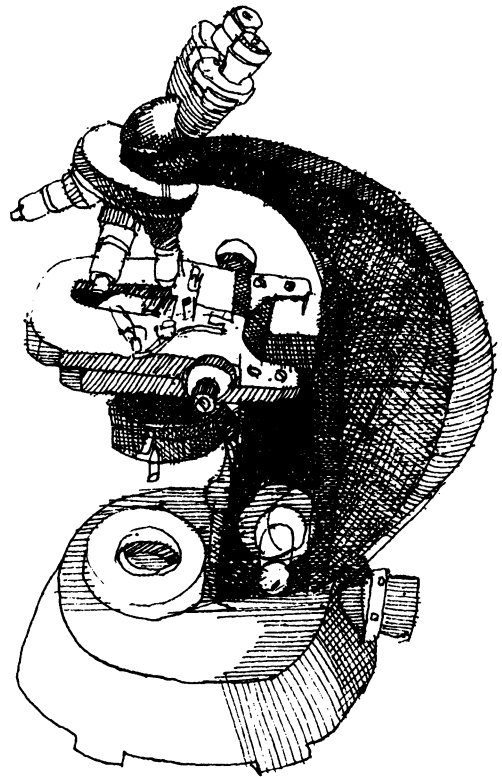
No. 824—BEMINAL-500 Tablets, in bottles of 100.

**Ayerst**

AYERST LABORATORIES  
New York, N.Y. 10017

# PRACTICE MONEY.

**B**ank of America has exactly the right financing you may need to start your practice or keep your practice up-to-date with the very latest equipment. We've specialized in financing for the medical and dental professions for more than two decades. We'd like to make this experience available to you. For example, a professional term loan for the purchase of new equipment or furnishings or leasehold improvements is simple and easy to arrange. For your personal interests, we offer such services as personal trusts.



**W**e also offer monthly patient billing and BankAmericard® services to streamline your bookkeeping. No other bank has as much experience. Practice money is as near as your nearest Bank of America office. Just ask to talk to a loan officer.

**BANK OF AMERICA**   
for the business of living



BANK OF AMERICA NT & SA



# natural superiority



Naturally, an imitation does not equal the original. Synthetic chemicals often lack some vital components in the natural medicinal.

Take SENOKOT Tablets/Granules, for example. This highly effective laxative gets a head start from its source — natural senna from the *Cassia acutifolia* plant, which has been used as a laxative for over 1500 years. In SENOKOT preparations, this natural vegetable laxative is purified and refined into one of the most modern, virtually colon-specific, predictably gentle anticonstipants your patients can use.

So when the situation calls for a gentle, prescription-strength effective laxative, why not make the natural choice — SENOKOT Tablets or SENOKOT Granules.

Supplied: SENOKOT Tablets (small, easy-to-swallow) — Bottles of 50 and 100. SENOKOT Granules (delicious, cocoa-flavored) — 4, 8 and 16 ounce (1 lb.) canisters.

**Senokot**  
TABLETS / GRANULES  
(standard senna concentrate)  
a natural laxative

**Purdue Frederick**

© COPYRIGHT 1972, 1973, THE PURDUE-FREDERICK COMPANY/MORWALK, CONN. 08854

67249 123073



# when manhood ebbs...

due to testicular deficiency

## Halotestin® 5 mg tablets

fluoxymesterone, Upjohn

### oral hormone replacement with parenteral-like potency

**Halotestin® Tablets—2, 5 and 10 mg**  
(fluoxymesterone Tablets, U.S.P., Upjohn)

**Indications in the male:** Primary indication in the male is replacement therapy. Prevents the development of atrophic changes in the accessory male sex organs following castration:

**1.** Primary eunuchoidism and eunuchism. **2.** Male climacteric symptoms when these are secondary to androgen deficiency. **3.** Those symptoms of panhypopituitarism related to hypogonadism. **4.** Impotence due to androgen deficiency. **5.** Delayed puberty, provided it has been definitely established as such, and it is not just a familial trait.

**In the female:** **1.** Prevention of postpartum breast manifestations of pain and engorgement. **2.** Palliation of androgen-responsive, advanced, inoperable female breast cancer in women who are more than 1, but less than 5 years post-menopausal or

who have been proven to have a hormone-dependent tumor, as shown by previous beneficial response to castration.

**Contraindications:** Carcinoma of the male breast. Carcinoma, known or suspected, of the prostate. Cardiac, hepatic or renal decompensation. Hypercalcemia. Liver function impairment. Prepubertal males. Pregnancy.

**Warnings:** Hypercalcemia may occur in immobilized patients, and in patients with breast cancer. In patients with cancer this may indicate progression of bony metastasis. If this occurs the drug should be discontinued. Watch female patients closely for signs of virilization. Some effects may not be reversible. Discontinue if cholestatic hepatitis with jaundice appears or liver tests become abnormal.

**Precautions:** Patients with cardiac, renal or hepatic derangement may retain sodium and water

thus forming edema. Priapism or excessive sexual stimulation, oligospermia, reduced ejaculatory volume, hypersensitivity and gynecomastia may occur. When any of these effects appear the androgen should be stopped.

**Adverse Reactions:** Acne. Decreased ejaculatory volume. Gynecomastia. Edema. Hypersensitivity, including skin manifestations and anaphylactoid reactions. Priapism. Hypercalcemia (especially in immobile patients and those with metastatic breast carcinoma). Virilization in females. Cholestatic jaundice.

#### How Supplied

**2 mg**—bottles of 100 scored tablets.

**5 mg**—bottles of 50 scored tablets.

**10 mg**—bottles of 50 scored tablets.

For additional product information, see your Upjohn representative or consult the package circular.

MED. B-6-5 (MAN.)

JA71-1008R

**Upjohn**

©1972 BY THE UPJOHN COMPANY

The Upjohn Company, Kalamazoo, Michigan 49001

## Insights into the ulcer-prone

This man governs an empire—the section of beach that he combs—and he may have much in common with a business tycoon. Both may be ulcer-prone for similar reasons: both may be difficult to please—both may be demanding, especially of themselves. While there are many types of duodenal ulcer patients, it has been noted\* that, characteristically, these individuals are not easily satisfied.

Measuring oneself against one's own expectations or against those of society may be equally trying—equally anxiety-provoking. It is hard to win when both success and failure can demand a similar price.

If the ulcer patient were to modify his expectations, he would experience less anxiety—and perhaps fewer ulcer attacks. In most cases, this would mean altering the entire constellation of psychological attitudes. Many are unwilling to do so, and many are unable. But while the patient is trying to make his best adjustment to his ulcer, he often needs therapeutic relief for both the undue anxiety with which he may be plagued and the hypersecretion and hypermotility that cause pain and spasm.

\*Palmer, E. D.: *Clinical Gastroenterology*, ed. 2, New York, Hoeber Medical Division, Harper & Row, 1963, p. 206.

# Captain of Industry





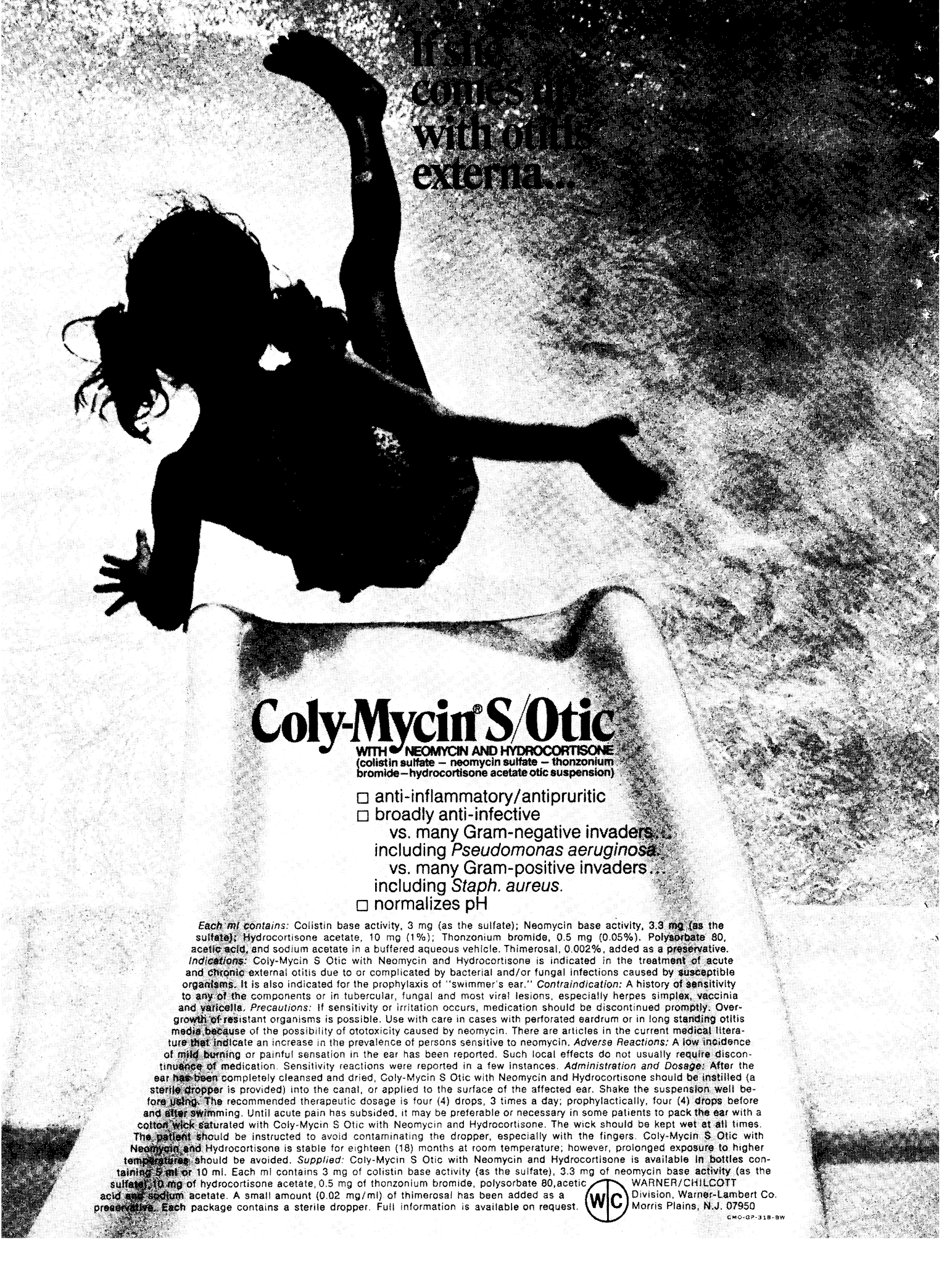
Since duodenal ulcer is frequently associated with excessive anxiety and tension, therapy logically demands relief from both the psychic and the somatic discomfort. Librax can help provide this dual relief. Only Librax provides in a single capsule both the antianxiety action of Librium® (chlordiazepoxide HCl) and the antisecretory/antispasmodic action of Quarzan® (clidinium Br). With Librax, the patient usually tends to react less strongly to anxiety-provoking situations, and hypersecretion and hypermotility are also reduced. A reduction of associated pain and spasm can also be expected, and often ulcer attacks become fewer and farther between!

Optimum therapeutic response can be achieved with individualization of dosage—within the range of 1 or 2 capsules, 3 or 4 times daily. Many patients will respond well to 1 capsule *t.i.d.* and 2 at bedtime. Librax can often be relied on both to help in managing the acute attack and to help the patient maintain gains in therapy.

Follow-up therapy, Rx #100, Sig: cap.  $\dot{\gamma}$  t.i.d. a.c.  
and  $\dot{\gamma}$  h.s.

**How Supplied:** Librax® Capsules, each containing 5 mg chlorthalidone, 25 mg cimetidine, 10 mg clidinium, 5 mg dicyclanil, 5 mg epoxide hydrochloride (Librium®) and 2.5 mg effluvinium bromide (Quarzan®) — bottles of 100 and 500.





If she comes up  
with otitis  
externa...

## Coly-Mycin® S/Otic

WITH NEOMYCIN AND HYDROCORTISONE  
(colistin sulfate — neomycin sulfate — thonzonium  
bromide — hydrocortisone acetate otic suspension)

- ☐ anti-inflammatory/antipruritic
- ☐ broadly anti-infective
  - vs. many Gram-negative invaders...  
including *Pseudomonas aeruginosa*
  - vs. many Gram-positive invaders...  
including *Staph. aureus*.
- ☐ normalizes pH

**Each ml contains:** Colistin base activity, 3 mg (as the sulfate); Neomycin base activity, 3.3 mg (as the sulfate); Hydrocortisone acetate, 10 mg (1%); Thonzonium bromide, 0.5 mg (0.05%). Polysorbate 80, acetic acid, and sodium acetate in a buffered aqueous vehicle. Thimerosal, 0.002%, added as a preservative.

**Indications:** Coly-Mycin S Otic with Neomycin and Hydrocortisone is indicated in the treatment of acute and chronic external otitis due to or complicated by bacterial and/or fungal infections caused by susceptible organisms. It is also indicated for the prophylaxis of "swimmer's ear." **Contraindication:** A history of sensitivity to any of the components or in tubercular, fungal and most viral lesions, especially herpes simplex, vaccinia and varicella. **Precautions:** If sensitivity or irritation occurs, medication should be discontinued promptly. Overgrowth of resistant organisms is possible. Use with care in cases with perforated eardrum or in long standing otitis media because of the possibility of ototoxicity caused by neomycin. There are articles in the current medical literature that indicate an increase in the prevalence of persons sensitive to neomycin. **Adverse Reactions:** A low incidence of mild burning or painful sensation in the ear has been reported. Such local effects do not usually require discontinuance of medication. Sensitivity reactions were reported in a few instances. **Administration and Dosage:** After the ear has been completely cleansed and dried, Coly-Mycin S Otic with Neomycin and Hydrocortisone should be instilled (a sterile dropper is provided) into the canal, or applied to the surface of the affected ear. Shake the suspension well before using. The recommended therapeutic dosage is four (4) drops, 3 times a day; prophylactically, four (4) drops before and after swimming. Until acute pain has subsided, it may be preferable or necessary in some patients to pack the ear with a cotton wick saturated with Coly-Mycin S Otic with Neomycin and Hydrocortisone. The wick should be kept wet at all times. The patient should be instructed to avoid contaminating the dropper, especially with the fingers. Coly-Mycin S Otic with Neomycin and Hydrocortisone is stable for eighteen (18) months at room temperature; however, prolonged exposure to higher temperatures should be avoided. **Supplied:** Coly-Mycin S Otic with Neomycin and Hydrocortisone is available in bottles containing 5 ml or 10 ml. Each ml contains 3 mg of colistin base activity (as the sulfate), 3.3 mg of neomycin base activity (as the sulfate), 10 mg of hydrocortisone acetate, 0.5 mg of thonzonium bromide, polysorbate 80, acetic acid and sodium acetate. A small amount (0.02 mg/ml) of thimerosal has been added as a preservative. Each package contains a sterile dropper. Full information is available on request.



WARNER/CHILCOTT  
Division, Warner-Lambert Co.  
Morris Plains, N.J. 07950

GMC-GP-318-BW



## **Saffola®** helps your patients stay on a low cholesterol diet.

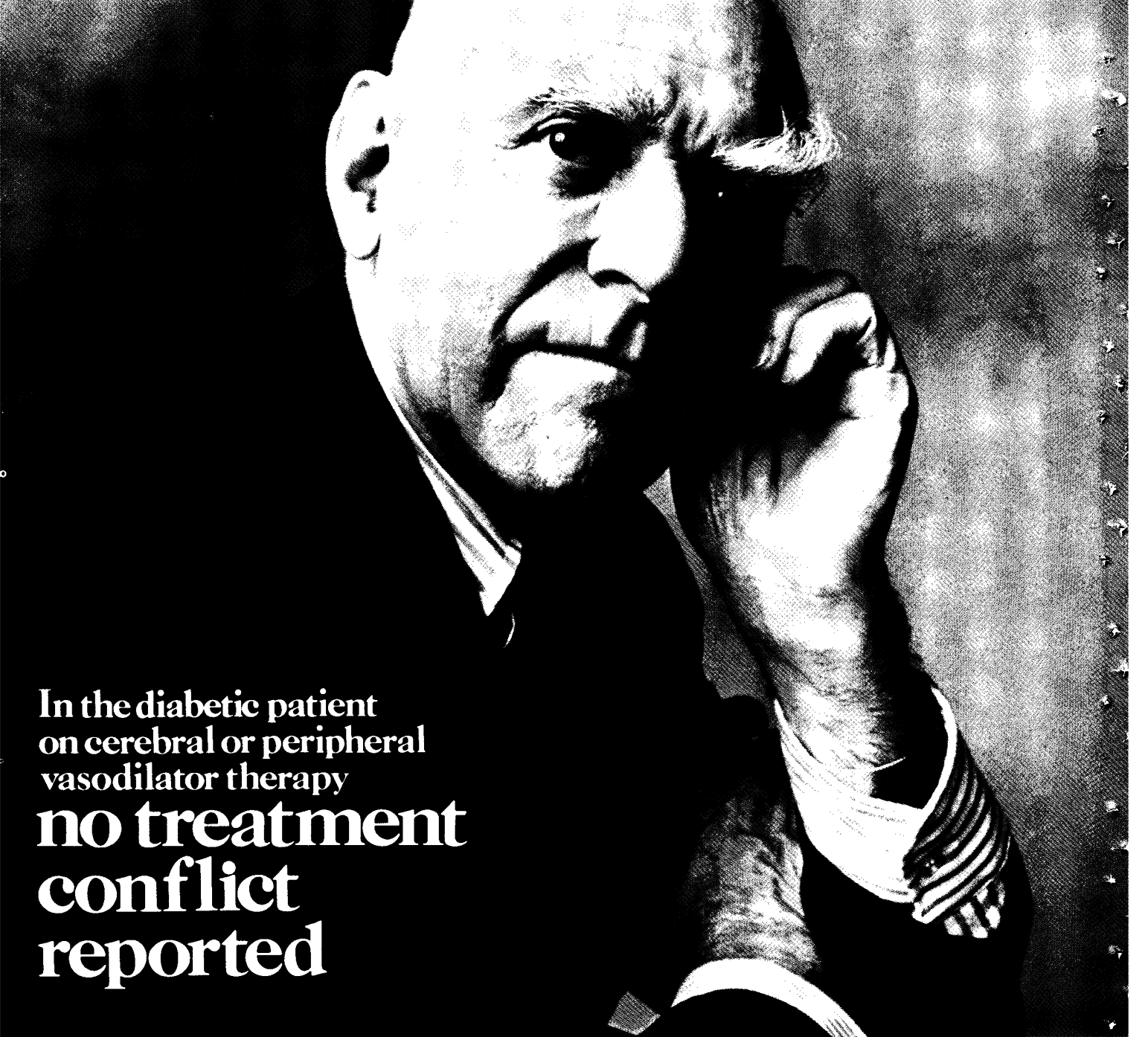
It's easier for a patient to continue with a low cholesterol diet when you recommend good-tasting Saffola. Saffola foods are made with safflower oil — an exceptionally light and flavorful oil that results in products people readily accept. Safflower oil is also 30% higher in poly-unsaturates than corn oil and lowest of all widely used vegetable oils in saturated fats. Let us send you some useful data to help your patients stay on a low cholesterol diet. Write PVO International Inc., World Trade Center, San Francisco, California 94111.

**Saffola®**

Your patients can enjoy it to their hearts' content.







In the diabetic patient  
on cerebral or peripheral  
vasodilator therapy  
**no treatment  
conflict  
reported**

# **VASODILAN<sup>®</sup>**

(ISOXSUPRINE HCl)  
the compatible vasodilator

**INDICATIONS:** Based on a review of this drug by the National Academy of Sciences-National Research Council and/or other information, the FDA has classified the indications as follows:

Possibly Effective:

1. For the relief of symptoms associated with cerebral vascular insufficiency.
2. In peripheral vascular disease of arteriosclerosis obliterans, thromboangiitis obliterans (Buerger's disease) and Raynaud's disease.
3. Threatened abortion.

Final classification of the less-than-effective indications requires further investigation.

**COMPOSITION:** Vasodilan tablets, isoxsuprine HCl, 10 mg. and 20 mg.

- no interference with diabetic control . . . does not alter carbohydrate metabolism.<sup>1</sup>

- conflicts have not been reported with diuretics, corticosteroids, antihypertensives or miotics.

There are no known contraindications in recommended oral doses other than it should not be given in the presence of frank arterial bleeding or immediately postpartum.

**DOSAGE AND ADMINISTRATION:** 10 to 20 mg. three or four times daily.

**CONTRAINDICATIONS AND CAUTIONS:** There are no known contraindications to oral use when administered in recommended doses. Should not be given immediately postpartum or in the presence of arterial bleeding.

**ADVERSE REACTIONS:** On rare occasions, oral administration of the drug has been associated in time with the occurrence of severe rash. When rash appears, the drug should be discontinued. Occasional overdosage effects such as transient palpitation or dizziness are usually controlled by reducing the dose.

**SUPPLIED:**

Tablets, 10 mg.—bottles of 100, 1000, 5000 and Unit Dose  
20 mg.—bottles of 100, 500 and Unit Dose

**REFERENCE:** 1. Samuels, S. S., and Shaftel, H. E.: J. Indiana Med. Ass. 54:1021-1023 (July) 1961.

**Mead Johnson**  
LABORATORIES

*"The history of science, and in particular the history of medicine... is... the history of man's reactions to the truth, the history of the gradual revelation of truth, the history of the gradual liberation of our minds from darkness and prejudice."*

*—George Sarton, from "The History of Medicine Versus the History of Art"*

**Are there significant  
differences in bioavailability  
and clinical predictability  
among drug products?**

**Opinion**

**Results of a questionnaire to  
7,000 physicians:**

**44.6%**

**Agree there is a significant  
difference**

**24.9%**

**Believe there is no difference**

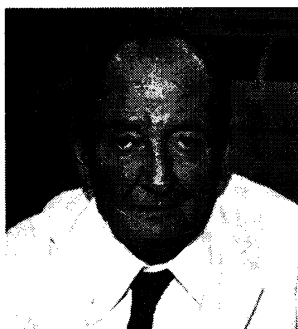
**30.5%**

**Had no opinion**

# Are there significant differences in bioavailability and clinical predictability among drug products?

## Teacher of Medicine

Alfred Gilman, Ph.D.  
Wm. S. Lasdon  
Professor & Chairman  
Department of  
Pharmacology  
Albert Einstein  
College of Medicine of  
Yeshiva University



I think that there can be a very great distinction between generic drugs and brand name drugs. And that applies to products of original research that have outlived their patent protection as well as to drugs that have long been in the public domain. Let me explain why.

### The Importance of the Manufacturing Environment

In terms of formulation, quality control, and the ability to reproduce an essentially identical product, batch after batch, I doubt that many firms are properly equipped to put out a product that is as carefully controlled as the product marketed by a pharmaceutical company with sophisticated research and high quality manufacturing facilities. For example, when a company comes out with its own preparation of a drug that has just lost its patent protection, there is no assurance that the drug it produces will be a therapeutic equivalent. The raw material could be identical and yet bioavailability might vary from complete unavailability to that which is equivalent to the original.

### It Isn't Enough to Meet USP and NF Standards

Meeting USP and NF standards is not enough to guarantee therapeutic equivalence. In certain instances, stricter standards must be applied. Right now, the New York Heart Association has a committee that is studying the problem of digoxin equivalence.

I am certain that they are going to recommend a bioavailability assay of a particular digoxin. Unless this is done, they will not recommend it for purchase or use in New York City hospitals. It represents too much of a hazard. They have gone so far as to recommend a batch-by-batch certification of bioavailability even though the company has been reproducing and marketing a digoxin product through the years.

### The Problem of Controlling Bioavailability of Generics

The FDA does not have the manpower to inspect the quality control capabilities of hundreds of houses specializing in generic products. And I don't think that the average pharmacist is knowledgeable or aware of the quality and bioavailability of the infinite numbers of generic preparations. A recommendation has been made that every time a generic house (or for that matter a large pharmaceutical company) markets an already existing drug for the first time, a modified new drug application should be submitted. The manufacturer would have to show that his compound is the therapeutic equivalent of the standard compound in use, assuming that the standard compound is one that has been available for an extended period—say 15 years. This would be one indication that the control of bioavailability is beginning to get the attention that it deserves.

### Clinical Predictability More Important Than Price

Although the question of price has been greatly exaggerated, it is true that patients can on occasion save money on generic drugs. But you are not going to dare attempt to save money if it jeopardizes the patient's health. Let's return to the example that has become very prominent in recent years, that of the cardiac glycosides. They are probably the most toxic drugs we use with respect to the small difference between a maximally effective dose and a toxic dose. When you are dealing with drugs of this type, the first concern must be clinical predictability. At the risk of variations in bioavailability, it would be sheer folly to try to save the patient what might amount to maybe \$10 or \$20 a year. The physician cannot manage his patient unless he is sure that the drug he is prescribing has the same positive effect each time the prescription is renewed. This is especially significant when the patient takes the product, not for months, but for the rest of his life.



## Maker of Medicine

C. J. Cavallito, Ph.D.  
Executive Vice President  
Ayerst Laboratories



Although equivalence of different preparations of a *drug substance* may be defined by certain physical, chemical or biological characteristics, identity is not always assured even though these characteristics may be described in compendia such as the USP, NF or defined by other specific source standards. Moreover, even with equivalent drug substances, similar pharmaceutical *products* can be produced by different manufacturers such that these products are biologically or therapeutically inequivalent.

### A Growing Awareness of Potential for Nonequivalence

As experience increases with drug substances derived from different sources and under different conditions, it should be possible to establish specifications in sufficient detail to minimize the potential for their nonequivalence. However, there is general agreement that product therapeutic equivalence would still not be assured even if one could

minimize nonequivalence of drug components produced by different manufacturers. Arguments relate largely to the extent of product inequivalences. Experience over the past six years has uncovered a greater incidence of nonequivalence of products prepared by different manufacturers from generically equivalent substances than many had previously surmised.

### Newer Bioavailability Studies Reveal Differences

Bioavailability may be defined as a measure of the rate and amount of absorption of a drug substance from its administered dosage form. For several years pharmaceutical scientists have proposed that bioavailability data on presumably equivalent dosage forms provide the best measure of product equivalence—short of adequate clinical trial. In their continued search for shortcuts to the evaluation of product equivalence, medical and pharmaceutical scientists have increasingly relied upon bioavailability characteristics as reflected by blood levels of a drug after its administration to human subjects.

Leading manufacturers now conduct comparative bioavailability studies on their own product dosage forms after production process changes that would have been considered inconsequential a few years ago. This isn't surprising, since there are so many possible differences in production operations that the opportunities for inequiva-

lent generic and brand name products are numerous—even when the production process begins with identical chemical substances. Moreover, reputable manufacturers are striving to improve *in vitro* control measures, such as dissolution characteristics, which are being related more meaningfully to bioavailability reference data.

As a result of advances in scientific instrumentation and analytical methodology which permit measurements of small quantities of drug substances in the body, our abilities to detect differences in bioavailability and possible therapeutic nonequivalence have appreciably improved.

### Product Selection

#### Based on Patient Response

Improved specifications and standards can better assure the equivalence of *drug substances*. Manufacturers, compendia and regulatory agencies can all play a part. However, it is the *drug product*, not the *drug substance*, that the physician, pharmacist, nurse and patient-customer utilize. How can these indi-

viduals make or influence specific product selections to minimize variations in therapeutic equivalence of multisource drugs? Patients' responses to a drug product provide a basis of experience to aid the physician in his selection of a particular product. The nurse and pharmacist can also help detect patient responses, but ultimate responsibility must remain with the physician.

### Reputation of Manufacturer as Basis for Product Selection

The physician, to assure that his patients receive quality health care, must rely upon the capabilities of the reputable pharmaceutical manufacturer who is equipped to develop, prepare and control a quality product of uniform, reliable therapeutic performance. Substitution with purportedly equivalent generic products that are only superficially evaluated by an imitator manufacturer can place the health of the patient secondary to factors of price or convenience for the provider.

## Opinion & Dialogue

What is your opinion, doctor?  
We would welcome your comments.



The Pharmaceutical Manufacturers Association  
1155 Fifteenth Street, N.W., Washington, D.C. 20005

# Fanny and 'Louis' Stevenson knew what every Doctor should know about wine

**Intense Little Fanny Osbourne** — wandering mother of two, and many years his senior — must have been as alluring, in the mind of Robert Louis Stevenson (1850-94), as all the treasures of his soon-to-be *Treasure Island*; as compelling to "her Louis" as the magic potion that would one day change his careful *Dr. Jekyll* into headlong *Mr. Hyde*.

To follow Fanny, who had bewitched him in France, "RLS" abandoned parents, literary pretensions, and his native Scottish heath. As an *Amateur Emigrant* — in steerage across the Atlantic, by rickety train *Across the Plains* — he pursued his wilful wisp to California where, sick and broke, he finally married her (San Francisco, May 1880).

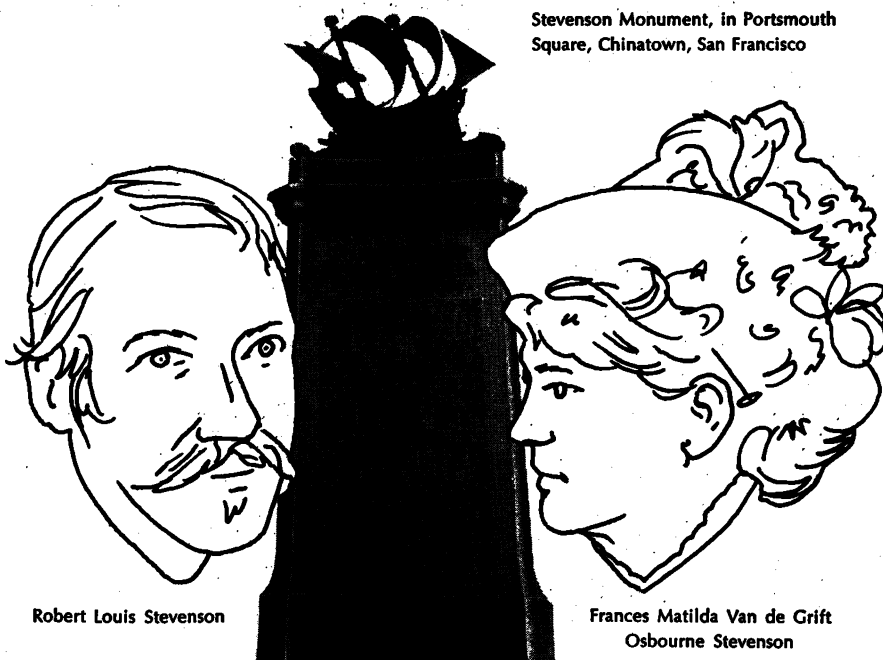
Fanny took her Louis honeymooning in the lovely California wine country, to help restore his strength and well-being with precepts of wine in patient care. They lived for weeks as *Silverado Squatters* in an abandoned mine cabin. Fanny served with meals the wines of the countryside, which RLS called "bottled poetry," and he used the abandoned Silverado Mine for his wine cellar!

Fanny was wise in woman's wisdom, and in patient care, and shared with her contemporary genius Louis Pasteur the wisdom that "*Wine is the most healthful and hygienic of all beverages.*" With sheer will, and hope, and tender loving care that wine so helped, she kept the flame of genius flickering in her frail Louis another fourteen years —



## WINE AND YOUR PATIENTS' WELL-BEING

Wine is good — and often good in therapy and patient care. For more than 5,000 years, wine has been a faithful, gentle aid to the wise physician and nurse as tranquilizer, appetizer, mealtime companion, food and source of vitamins; inducer of serenity; persuader to needed sleep; and supporter of morale for patients. Hence the increasing use of wine in hospital diets throughout the United States today.



Robert Louis Stevenson

Frances Matilda Van de Grift Osbourne Stevenson

long enough to bring forth the thrilling tales by which he will live forever in our hearts.

If you have a patient whose well-being needs just the subtlest aid, may we share the wisdom of wine with you? The material offered below, where technical, has been augmented by us with the findings of three decades of worldwide scientific research.

### FREE WINE INFORMATION

We suggest you start, for your pleasure, with our free *Wine Study Course*, by use of the coupon below. Nearly a million Americans have enrolled. We will send the fact-filled 50-page booklet, *The Story of Wine*, and an easy, interesting Wine Quiz; you teach and quiz yourself; we correct

your answers — and if you pass (we're confident you will), you are winewise, and get a handsome Diploma to put on the wall and prove it.

If you do not already have it, you will want, without charge, the informative 160-page book for physician, nurse, or layman, *Wine and Your Well-Being*, by Salvatore P. Lucia, M.D.

To document research findings, we offer the 64-page *Uses of Wine in Medical Practice*, with indications, contraindications, and a chapter on wine in hospitals and nursing homes.

If you check it off below, we'll send along *How to Cook With California Wines*, with its "81 delicious secrets of wine cookery — all easy!" to help you follow in the wine-loving ways of Fanny and Robert Louis Stevenson.

## *The Winegrowers of California*

**TO DOCTOR, NURSE,** Assistant, Administrator, Dietician, or other members of the medical professions: We offer all these reading materials free, but to help us reduce our heavy handling costs, would you check off those items you actually want? Thank you. Please print full name, title as member of your profession, address, and zip, and mail to:

WINE ADVISORY BOARD, DEPT. K-18, 717 MARKET ST., SAN FRANCISCO, CA 94103

- ☐ Kindly enroll me, without cost or obligation, in the famous WINE STUDY COURSE, including booklet THE STORY OF WINE, WINE QUIZ, and DIPLOMA.
- ☐ Send me the 160-page paperback book, WINE AND YOUR WELL-BEING, by Salvatore P. Lucia, M. D. Free.
- ☐ Send me, without charge, your 64-pp. USES OF WINE IN MEDICAL PRACTICE.
- ☐ Send me the free booklet, HOW TO COOK WITH CALIFORNIA WINES.

NAME \_\_\_\_\_ (please print carefully) TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_

STATE \_\_\_\_\_ ZIP \_\_\_\_\_

Please "X" only those items actually wanted.

# Bio-Science Reports

## Vitamin B<sub>12</sub> and Folate Assays:

### Why and when

Depletion of Vitamin B<sub>12</sub> is the paramount feature of pernicious anemia and is a pathogenetic factor in most cases of the megaloblastic syndrome. In true pernicious anemia or following total gastrectomy, the B<sub>12</sub> deficiency arises from a selective absorption defect caused by the absence of intrinsic factor, a glycoprotein secreted in normal gastric juice. Vitamin B<sub>12</sub> deficiency may also occur from various other causes, most important of which are the various malabsorption syndromes. Serum levels are a reliable indication of Vitamin B<sub>12</sub> nutrition when liver disease and myeloproliferative disorders can be ruled out. Hepatocellular damage, especially viral hepatitis, can cause release of Vitamin B<sub>12</sub>-binding protein into the blood, thus facilitating an increase in Vitamin B<sub>12</sub> levels.

#### Serum B<sub>12</sub> is decreased in:

Pernicious anemia  
Malabsorption syndrome  
Gastrectomy  
Lesions of the small intestine — ileal resection, blind loop, strictures, diverticulosis, anastomosis, regional enteritis  
Nutritional vitamin deficiency  
Pregnancy  
*Diphyllobothrium latum* infestation

#### Serum B<sub>12</sub> is increased in:

Acute and chronic myelogenous leukemia  
Polycythemia vera  
Myeloid metaplasia  
Liver disease — cirrhosis, hepatitis

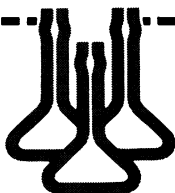
Megaloblastic anemias of infancy and pregnancy are frequently the result of folate deficiency. Infants with various pathological conditions are predisposed to folate deficiencies. Rapidly growing tissues and intensive hematopoiesis to meet the steadily expanding blood volume increase the demand for folate. Reserves are low even in healthy infants, especially those fed with heated cow's milk. Any infection may produce a clinical deficiency state.

Although some infants with megaloblastic anemia respond to small doses of Vitamin B<sub>12</sub>, this therapeutic "cross-effectiveness" has not yet been fully explained and treatment with the "wrong" vitamin is potentially dangerous. In megaloblastic anemias cytological examinations cannot establish the specific etiology. Since diagnosis by therapeutic trials is cumbersome, the investigation of serum levels of both compounds is indicated.

Borderline serum folate levels are difficult to interpret in those patients with little or no hematologic changes. In such cases the measurement of red blood cell (RBC) folate levels (where B<sub>12</sub> deficiency has been excluded) will provide an accurate quantitative guide to the severity of folate deficiency. When RBC folate is subnormal the indications are a severe depletion of the folate content of both the hemopoietic and liver cells.

**Bio-Science  
Laboratories** 

Main Lab: 7600 Tyrone Ave.,  
Van Nuys, California 91405  
Philadelphia Branch:  
116 So. Eighteenth St.,  
Philadelphia, Pa. 19103



**Bio-Science Laboratories**  
7600 Tyrone Avenue  
Van Nuys, California 91405  
Dept. B

## FREE HANDBOOK OF SPECIALIZED DIAGNOSTIC LABORATORY TESTS

Gentlemen: Please send me, without obligation:

- ☐ A copy of your Handbook of Specialized Diagnostic Laboratory Tests
- ☐ A starter lab pack containing a small supply of postage-paid mailing containers and Fee Schedule
- ☐ Information on \_\_\_\_\_  
(write in name of test)

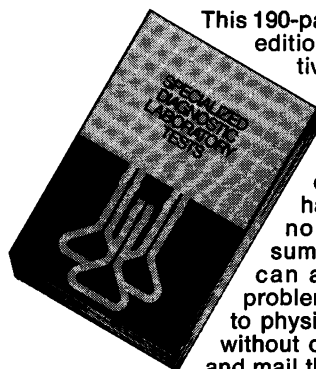
Name \_\_\_\_\_

Address \_\_\_\_\_

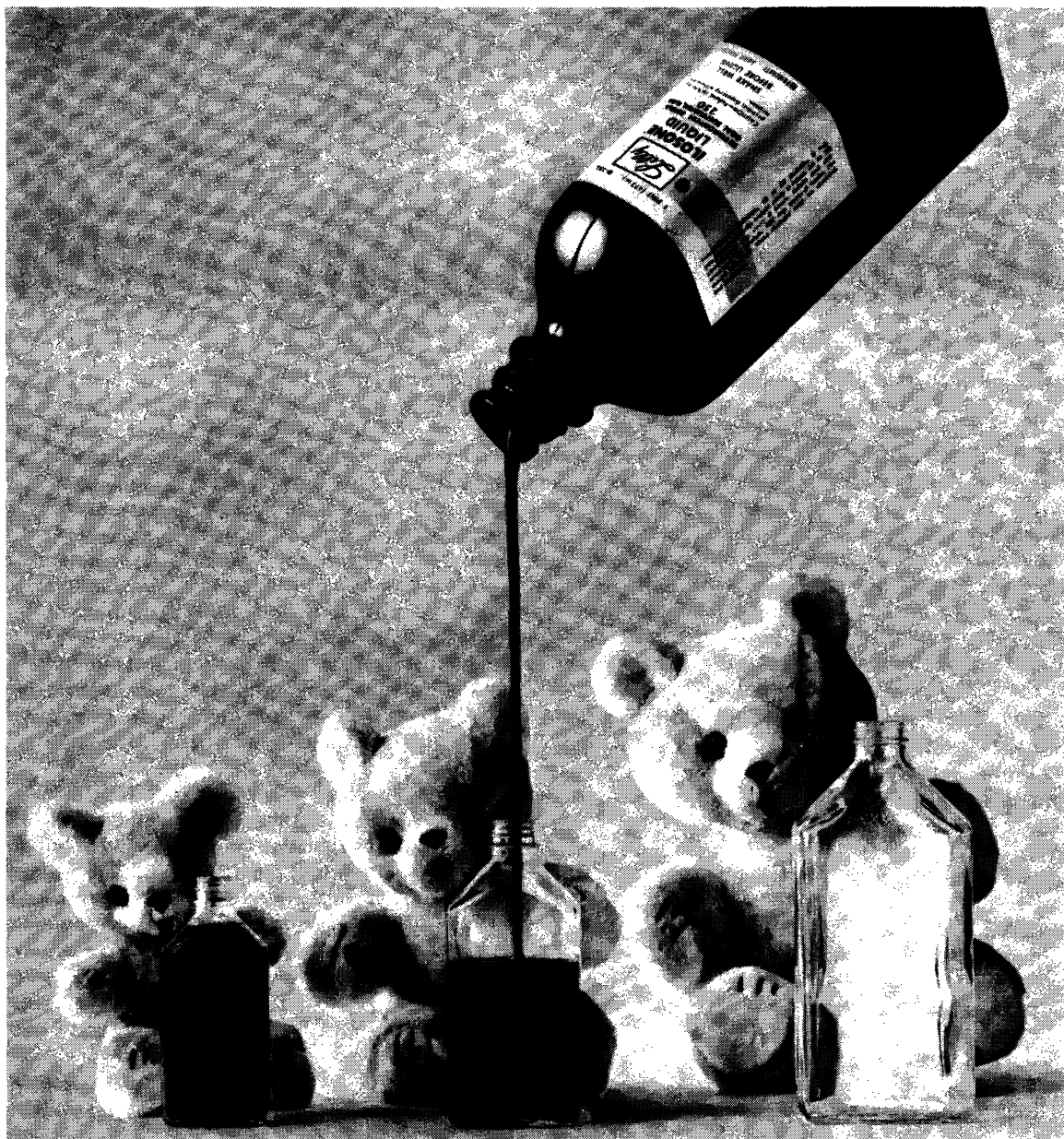
City \_\_\_\_\_

State \_\_\_\_\_

Zip \_\_\_\_\_



This 190-page book, now in its ninth edition, is a uniquely informative source to keep you up-to-date on the newer laboratory tests, such as Vitamin B<sub>12</sub> and folate, available to clinicians. You will find it a handy reference guide for normal values and quick summations on tests which can aid in your diagnostic problems. Copies are available to physicians and lab personnel without obligation. Simply fill out and mail this coupon.



**Not too little, not too much...  
but just right!**

"Just right" amounts of Ilosone Liquid 250  
can be dispensed easily from the pint bottle in *any* quantity  
you specify to meet your patients' precise needs—  
without regard to package size.

ready-mixed  
**Ilosone<sup>®</sup> Liquid 250**

Erythromycin Estolate

(equivalent to 250 mg. of base per 5-ml. teaspoonful)

*Additional information available  
to the profession on request.  
Eli Lilly and Company  
Indianapolis, Indiana 46206*



100204

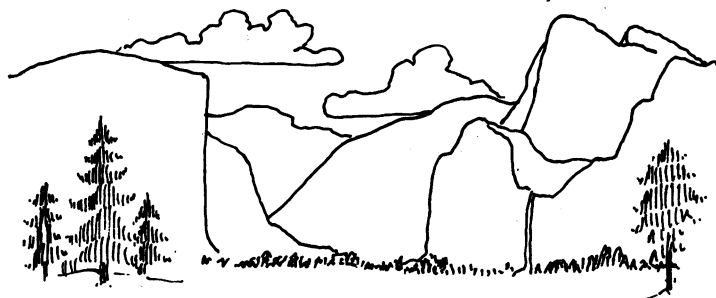
# CALIFORNIA MEDICAL ASSOCIATION

## 1973 *annual postgraduate institutes*

### WEST COAST COUNTIES

**April 5-6—Del Monte Hyatt House, Monterey**

- chest injuries • facial injuries • panel chemistries
- birth control • cvp and arterial lines
- interpretation of lab tests in immunology
- burn management • does every body need milk?
- antigen-antibody complex diseases
- urinary tract infection • rheumatoid arthritis



### SAN JOAQUIN VALLEY COUNTIES

**May 4-5—The Ahwahnee, Yosemite**

- genetic counseling • adolescent medicine
- fertility • computers in medicine
- dermatology • perinatal medicine
- emergency care



### EMERGENCY MEDICAL CARE

**May 23-25—Sahara Tahoe Hotel, Lake Tahoe**

- resuscitation, airway management
- management of acute asthma
- management of penetrating and blunt trauma
- cardiac emergencies • high risk infants
- bleeding disorders • winter sports injuries
- medical transportation system
- emergency health care delivery system

---

### 1973 CMA POSTGRADUATE INSTITUTES

I plan to attend the following Postgraduate Institute(s):

☐ **West Coast Counties**  
April 5-6, Monterey

☐ **San Joaquin Valley**  
May 4-5, Yosemite

☐ **Emergency Medical Care**  
May 23-25, Lake Tahoe

FEE: \$30 for **each** institute. Please make check payable to California Medical Association.

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ ZIP \_\_\_\_\_

Mail to: CMA, Continuing Medical Education, 693 Sutter Street, San Francisco 94102

# WHEN FLU HITS AND HURTS

**HERE**

Muscles  
and joints




Wherever it hurts, Empirin Compound with Codeine usually provides the symptomatic relief needed.

**HERE**

Headache



In flu and associated respiratory infection, Empirin Compound with Codeine provides an antitussive bonus in addition to relief of pain and bodily discomfort.

 **prescribing convenience:** up to 5 refills in 6 months, at your discretion (unless restricted by state law); by telephone order in many states.

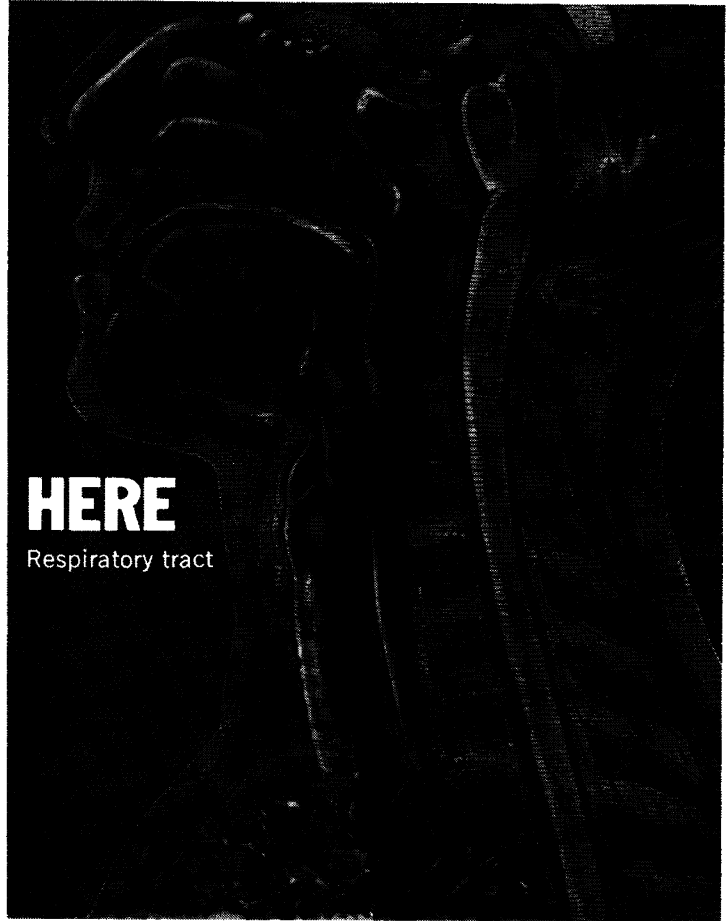
Empirin Compound with Codeine **No. 3**, codeine phosphate\* 32.4 mg. (gr. ½); **No. 4**, codeine phosphate\* 64.8 mg. (gr. 1) \*Warning—may be habit-forming. Each tablet also contains: aspirin gr. 3½, phenacetin gr. 2½, caffeine gr. ½.



Burroughs Wellcome Co.  
Research Triangle Park  
North Carolina 27709

**HERE**

Respiratory tract



# EMPIRIN<sup>®</sup> COMPOUND c CODEINE

#3, codeine phosphate\* (32.4 mg.) gr. ½  
#4, codeine phosphate\* (64.8 mg.) gr. 1

# In any weight loss program:



They're  
sated with  
less on  
**PRE-SATE<sup>®</sup>**  
(chlorphentermine HCl)

Pre-Sate<sup>®</sup> (chlorphentermine HCl) offers a valuable anorexic assist to any weight loss program...particularly in the first, critical weeks of management.

Helps curb appetite at mealtime...helps discourage it in-between.

And Pre-Sate has a low potential for abuse.\* It helps bring about weight loss comparable to d-amphetamine or phenmetrazine...with little of the CNS stimulation associated with these agents.

\*Not described as an abusable drug by The Bureau of Narcotics and Dangerous Drugs.



**Pre-Sate® (chlorphentermine hydrochloride)**

**Caution:** Federal law prohibits dispensing without prescription.

**Indications.** Pre-Sate (chlorphentermine hydrochloride) is indicated in exogenous obesity, as a short term (*i.e.*, several weeks) adjunct in a regimen of weight reduction based upon caloric restriction.

**Contraindications.** Glaucoma, hyperthyroidism, pheochromocytoma, hypersensitivity to sympathomimetic amines, and agitated states.

Pre-Sate (chlorphentermine hydrochloride) is also contraindicated in patients with a history of drug abuse or symptomatic cardiovascular disease of the following types: advanced arteriosclerosis, severe coronary artery disease, moderate to severe hypertension, or cardiac conduction abnormalities with danger of arrhythmias.

The drug is also contraindicated during or within 14 days following administration of monamine oxidase inhibitors, since hypertensive crises may result.

**Warnings.** When weight loss is unsatisfactory the recommended dosage should not be increased in an attempt to obtain increased anorexic effect; discontinue the drug. Tolerance to the anorectic effect may develop.

Drowsiness or stimulation may occur and may impair ability to engage in potentially hazardous activities such as operating machinery, driving a motor vehicle, or performing tasks requiring precision work or critical judgment. Therefore, such patients should be cautioned accordingly. Caution must be exercised if Pre-Sate (chlorphentermine hydrochloride) is used concomitantly with other central nervous system stimulants.

There have been reports of pulmonary hypertension in patients who received related drugs.

**Drug Dependence.** Drugs of this type have a potential for abuse. Patients have been known to increase the intake of drugs of this type to many times the dosages recommended.

In long-term controlled studies with high dosages of Pre-Sate, abrupt cessation did not result in symptoms of withdrawal.

**Usage in Pregnancy.** The safety of Pre-Sate (chlorphentermine hydrochloride) in human pregnancy has not yet been clearly established. The use of anorectic agents by women who are or who may become pregnant, and especially those in the first trimester of pregnancy, requires that the potential benefit be weighed against the possible hazard to mother and child. Use of the drug during lactation is not recommended.

Mammalian reproductive and teratogenic studies with high multiples of the human dose have been negative.

**Usage in Children.** Not recommended for use in children under 12 years of age.

**Precautions.** In patients with diabetes mellitus there may be alteration of insulin requirements due to dietary restrictions and weight loss.

Pre-Sate (chlorphentermine hydrochloride) should be used with caution when obesity complicates the management of patients with mild to moderate cardiovascular disease or diabetes mellitus, and only when dietary restriction alone has been unsuccessful in achieving desired weight reduction.

In prescribing this drug for obese patients in whom it is undesirable to introduce CNS stimulation or pressor effect, the physician should be alert to the individual who may be overly sensitive to this drug.

Psychologic disturbances have been reported in patients who concomitantly receive an anorectic agent and a restrictive dietary regimen.

**Adverse Reactions. Central Nervous System:** When CNS side effects occur, they are most often manifested as drowsiness or sedation or overstimulation and restlessness. Insomnia, dizziness, headache, euphoria, dysphoria, and tremor may also occur. Psychotic episodes, although rare, have been noted even at recommended doses. **Cardiovascular:** tachycardia, palpitation, elevation of blood pressure. **Gastrointestinal:** nausea and vomiting, diarrhea, unpleasant taste, constipation. **Endocrine:** changes in libido, impotence. **Autonomic:** dryness of mouth, sweating, mydriasis. **Allergic:** urticaria. **Genitourinary:** diuresis and, rarely, difficulty in initiating micturition. **Others:** Paresthesias, sural spasms.

**Dosage and Administration.** The recommended adult daily dose of Pre-Sate (chlorphentermine hydrochloride) is one tablet (equivalent to 65 mg chlorphentermine base) taken after the first meal of the day. Use in children under 12 not recommended.

**Overdosage. Manifestations:** Restlessness, confusion, assaultiveness, hallucinations, panic states, and hyperpyrexia may be manifestations of acute intoxication with anorectic agents. Fatigue and depression usually follow the central stimulation.

Cardiovascular effects include arrhythmias, hypertension, or hypotension and circulatory collapse. Gastrointestinal symptoms include nausea, vomiting, diarrhea, and abdominal cramps. Fatal poisoning usually terminates in convulsions and coma.

**Management:** Management of acute intoxication with sympathomimetic amines is largely symptomatic and supportive and often includes sedation with a barbiturate. If hypertension is marked, the use of a nitrate or rapidly acting alpha-receptor blocking agent should be considered. Experience with hemodialysis or peritoneal dialysis is inadequate to permit recommendations in this regard.

**How Supplied.** Each Pre-Sate (chlorphentermine hydrochloride) tablet contains the equivalent of 65 mg chlorphentermine base; bottles of 100 and 1000 tablets.

Full information available on request.

PS-GP-31-BW

# CLASSIFIED ADVERTISEMENTS

Rates for each insertion are \$15 for fifty words or less; additional words 15 cents each; Box number charge: \$1.50.

Classified display rates \$25.00 per inch.

Copy for classified advertisements should be received not later than the fifth of the month preceding issue. • Classified advertisers using Box Numbers forbid the disclosure of their identity. Your inquiries in writing will be forwarded to Box Number advertisers. The right is reserved to reject or modify all classified advertising copy in conformity with the rules of the Advertising Committee.

CLASSIFIED ADVERTISEMENTS ARE PAYABLE IN ADVANCE

## MEDICAL WRITING BY PHYSICIAN

Experienced Writer and Researcher (AB, Princeton; MD, Tufts) will organize and write your study protocols and clinical papers for publication.

M. E. Kramer, MD • P.O. Box 40513 • S. F., Ca. 94110

## PHYSICIANS WANTED

**OPPORTUNITIES FOR:** General Practitioners, General Surgeon, Internist, Orthopedic Surgeon, Psychiatrist. Growing HMO adding to staff for 2 new medical centers to be opened in 1973. Competitive salary, bonus and tax sheltered fringe benefits, such as retirement, sabbaticals, etc. Send Curriculum Vitae to: Henry C. Cosand, MD, Family Health Program, Inc., 2925 North Palo Verde Avenue, Room 2319, Long Beach, Ca. 90815.

**PHYSICIAN—Arizona opportunity.** State Prison, Florence. Salary to \$31,524. 2 vacancies. Apply Arizona State Personnel Commission, 1831 West Jefferson, Phoenix 85007, or call Mrs. Buckner (602) 271-5216.

**OCCUPATIONAL PHYSICIAN—Reside in Las Vegas;** 40-hour week; competitive starting salary; office space and all equipment supplied by employer; laboratory and x-ray facilities available. Will join a staff of five physicians in providing emergency treatment of illness and injuries and overseeing health of employees at the Nevada Test Site. Liberal fringe benefits including insurance, retirement plan, vacations, sick leave, advancement opportunities, interview and relocation allowance; must be a U.S. citizen and must become licensed in Nevada. Replies held strictly confidential. Send resumes to: L. W. Bennett, Reynolds Electrical & Engineering Co., Inc., P.O. Box 14400, Las Vegas, Nev. 89114. Equal Opportunity Employer—M/F.

**INTERNIST-HEMATOLOGIST and ENT—Opportunities with sixteen man multi-specialty group.** Salary first year. Half-hour from UC and Stanford. New building adjacent to modern hospital. Contact Miles F. Adler, MD, 27212 Calaroga Ave., Hayward, Ca. 94545. (415) 785-5000.

**MICRONESIA—The Trust Territory Government needs General Practitioners, Internists, Pediatricians and Surgeons in this underdeveloped country.** We offer long, hard hours with plenty of frustrations. Salary plus free family quarters, transportation, and shipment of household effects. Send qualifications statement to Trust Territory Personnel, Building 112, Fort Mason, San Francisco, Ca. 94123.

**PEDIATRICIAN NEEDED—20 doctor multi-specialty group located in beautiful coastal community halfway between SF and LA.** Full partnership offered in 6 months. Contact: Administrator or Harry J. Fryer, MD, San Luis Medical Clinic, 1235 Osos, San Luis Obispo, Ca. 93401, (805) 543-4800.

**CERTIFIED CLINICAL PATHOLOGIST with long primary experience in operation of Hospital transfusion service and a major community blood program desires to relocate in California.** Licensed. Available immediately. For references and curriculum vitae write California Medicine, 693 Sutter St., Box 9344, San Francisco, Ca. 94102.

**RIVERSIDE, CALIFORNIA—Excellent opportunity for Staff Physicians with some private practice privileges in 450-bed General Hospital with Medical School affiliation.** Hospital is located in southern California with mountain, desert and beach resorts within easy reach. Excellent salaries and liberal fringe benefits including sick leave, vacation, holidays, health insurance at nominal cost, and membership in Public Employees Retirement/Social Security. The positions and annual salary now available are: Chief of Cardiology (\$27,081), Chief of Neurosurgery (\$30,180), Chief of Pediatrics with subspecialty neonatology (\$30,180), Pediatrician neonatologist (\$27,081). Write: E. L. Douville, MD, Director of Medical Education, Riverside General Hospital, UMC, 9851 Magnolia Ave., Riverside, Ca. 92503.

(Continued on Page 36)



**WARNER/CHILCOTT**

Division, Warner-Lambert Company  
Morris Plains, New Jersey 07950



#### PHYSICIANS WANTED

**RESIDENCIES AND INTERNSHIPS**—Surgery residency positions 1973-74 open. First year residencies in fully approved four year clinically oriented program (non pyramid). Applicants requiring one or more years of General Surgery for subspecialty welcome. Full patient responsibility, supervision by full-time Board Certified General and Thoracic Chairman and Associate Director, with full-time Board Certified Neurosurgeon, Urologist and Anesthesiologist. Board Certified attending staff in plastic and ortho surgery. Salary \$12,600 annually; meals. Must be eligible for California License. Contact: Chairman, Department of Surgery, Kern General Hospital, 1830 Flower, Bakersfield, Ca. 93305. Phone (805) 323-7651.

**IN BEAUTIFUL PALM SPRINGS**, another Pediatrician and a Hematologist needed to join the young Palm Springs Medical Clinic. Salary first year, with raises based on productivity. Partnership-shareholder status after one year. Fringe benefits. Write or call collect, C. J. Supple, MD, 1695 N. Sunrise Way, Palm Springs, California 92262.

**PEDIATRICIAN**—Board certified or eligible to direct busy Pediatric Outpatient Department in County Hospital in central California. The approved Pediatric Residency Program is affiliated with UCLA. The position is a challenging one and will involve department development as well as active participation in the teaching program. Attractive terms. Contact James McKenna, MD, Chief of Pediatrics, Valley Medical Center, 445 So. Cedar Ave., Fresno, Ca. 93702, (209) 251-4833.

**INTERNISTS URGENTLY** needed to join five other internists in seventeen-man multi-specialty group in Central Los Angeles. Competitive starting salaries with regular salary increases. Eligible for Partnership after two years. Teaching opportunities. Clinic building 7 years old. Opportunity for equal equity in real property after two years. The Moore-White Medical Clinic, 266 South Harvard Blvd., Los Angeles, Ca. 90004. Attention: Medical Director.

**GENERAL PRACTITIONER OR GENERALIST**—Part time or full time interesting work at Veterans Administration Hospital, Palo Alto, Ca. Civil Service benefits. Opportunity to help develop new health delivery systems. For further information contact William W. Van Stone, MD, 415-493-5000 ext. 2252, or write Veterans Administration Hospital (1116MP) 3801 Miranda Ave., Palo Alto, Ca. 94304.

#### WARD PHYSICIAN

Immediate opening available for Physician in a 250 bed rehabilitation hospital. Monthly salary starts at \$2,618. Liberal fringe benefits, including Medical and Life Insurance.

Contact: **ALAN GREENBERG, MD**  
Medical Director  
El Cerrito Hospital  
1401 Chestnut Avenue  
Long Beach, California  
(213) 599-6666

An equal opportunity employer

#### PHYSICIAN

Mira Loma Hospital in Lancaster, Calif. is seeking qualified physicians. A California State Physician and Surgeon's Certificate authorized by the Board of Medical Examiners of the State of California is required.

We are a J.C.A.H. hospital seeking General Practitioners. Our major programs include: acute medical, E.C.U., T.B. and O.P.D. We are in an ideal high desert location in smog-free Antelope Valley. Starting salary \$1,973 or \$2,202 per mo. depending on experience, plus \$2.60 per hour bonus. Substantial overtime income if desired. 40 hour week, days. Excellent fringe benefits including malpractice insurance, liberal insurance.

Contact: **RICHARD E. OSGOOD, MD**  
Medical Director  
Mira Loma Hospital  
44900 N. 60th Street  
W. Lancaster, Calif. 93534  
(805) 948-8581

Positions open to men and women  
Equal opportunity employer

(Continued on Page 55)

## The unique potassium chloride supplement with the natural tomato juice flavor

# Kato<sup>®</sup> Powder

### Potassium Chloride Supplement

**Description:** Spray-dried tomato powder containing 20 mEq potassium (equivalent to 1.5 Gm KCl) per measured dose with natural and synthetic flavors, spices and colors. Benzoic acid and potassium benzoate added as preservatives. When reconstituted as directed, makes a pleasantly flavored, low sodium tomato juice drink.

**Indications:** The prevention or correction of potassium deficit, particularly when accompanied by hypochloremic alkalosis in conjunction with thiazide diuretic therapy, in digitalis intoxication, or as the result of long-term corticosteroid therapy, low dietary intake of potassium, or excessive vomiting or diarrhea.

**Contraindications:** Potassium is contraindicated in severe renal impairment involving oliguria, anuria or azotemia; in untreated Addison's disease, adynamia episodica hereditaria, acute dehydration, heat cramps, hyperkalemia from any cause.

**Precautions:** Kato Powder is a concentrate and should be taken only after reconstituting with water as directed. Do not use in patients with low urinary output or renal decompensation. Administer with caution; it is impossible accurately to assess the extent of potassium depletion, or the daily dose required. Excessive dosage may result in potassium intoxication. Frequent checks of the clinical status of the patient, ECG and/or plasma potassium level should be made. High plasma concentrations of potassium ion may cause death through cardiac depression, arrhythmias or arrest. Use with caution in patients with cardiac disease.

**Adverse Reactions:** Vomiting, diarrhea, nausea, and abdominal discomfort may occur. Gross overdosage may produce signs and symptoms of potassium intoxication: mental confusion, listlessness, paresthesia of the extremities, weakness and heaviness of legs, flaccid paralysis, hyperkalemia, ECG abnormalities, fall in blood pressure, cardiac arrhythmias and heart block. The characteristic changes in the ECG are disappearance of the P wave, widening and slurring of QRS complex, changes of the S-T segment, tall peaked T waves, etc.

**Toxicity:** Potassium intoxication may result from overdosage of potassium or from therapeutic dosage in conditions stated under "Contraindications." Hyperkalemia, when detected, must be treated immediately because lethal levels can be reached in a few hours.

**Treatment of Hyperkalemia:** 1. Dextrose solution 10% or 25% containing 10 units of crystalline insulin per 20 Gm dextrose, given I.V. in a dose of 300cc to 500cc in an hour. 2. Adsorption and exchange of potassium using sodium or ammonium cycle cation exchange resin, orally or as retention enema. 3. Hemodialysis or peritoneal dialysis. 4. Elimination of potassium-containing foods and medicaments.

Warning: Digitalis toxicity can be precipitated by lowering the plasma potassium concentration too rapidly in digitalized patients.

**Administration and Dosage:** Mix with water to make a pleasant tomato juice drink. The unit dose packet and the dose-measure supplied in the can each provide 20 mEq of potassium. Usual adult dose—1 packet or 1 measure of Kato Powder mixed with about 2 ounces of water twice daily—supplies 40 mEq potassium per day. Take with meals or follow with ½ glass of water. Larger doses may be required, but should be administered under close supervision because of the possibility of potassium intoxication.

**How Supplied:**



Carton of 30 unit dose packets, 20 mEq each

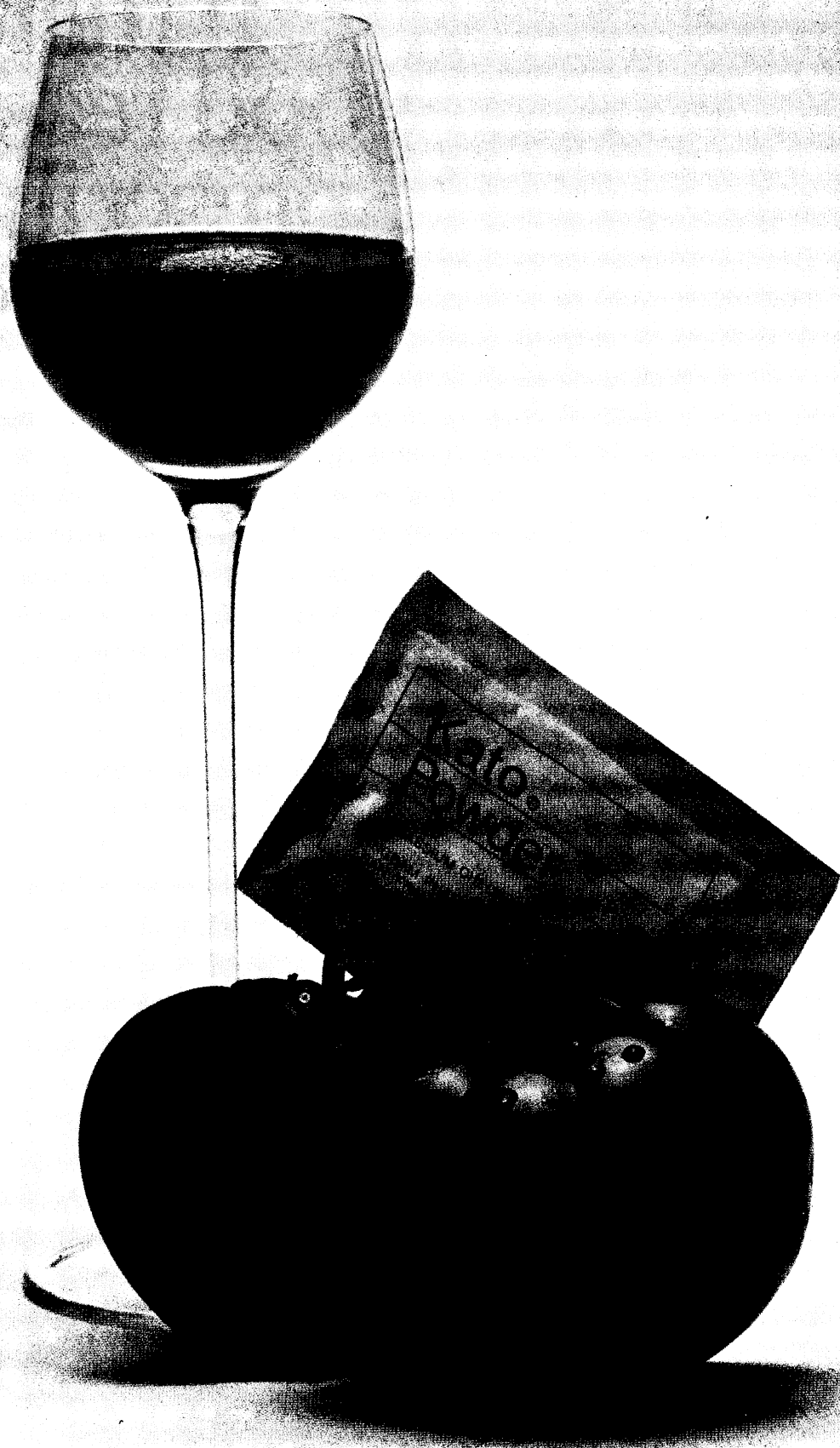


8 oz can (40 doses) with 20 mEq dose-measure.

Ingram Pharmaceutical Company / San Francisco, Ca 94111

in potassium therapy

# Kato is a Natural



Kato Powder is KCl blended with natural tomato powder and subtle spices. Mixed with a mere 2 ounces of cold water, it provides a dose of potassium chloride in a good tasting low sodium tomato juice drink. Refreshingly different. Patients take it and like it!

**Before prescribing, please consult complete product information, a summary of which follows:**

**Indications:** Tension and anxiety states; somatic complaints which are concomitants of emotional factors; psychoneurotic states manifested by tension, anxiety, apprehension, fatigue, depressive symptoms or agitation; symptomatic relief of acute agitation, tremor, delirium tremens and hallucinosis due to acute alcohol withdrawal; adjunctively in skeletal muscle spasm due to reflex spasm to local pathology, spasticity caused by upper motor neuron disorders, athetosis, stiff-man syndrome, convulsive disorders (not for sole therapy).

**Contraindicated:** Known hypersensitivity to the drug. Children under 6 months of age. Acute narrow angle glaucoma; may be used in patients with open angle glaucoma who are receiving appropriate therapy.

**Warnings:** Not of value in psychotic patients. Caution against hazardous occupations requiring complete mental alertness. When used adjunctively in convulsive disorders, possibility of increase in frequency and/or severity of grand mal seizures may require increased dosage of standard anticonvulsant medication; abrupt withdrawal may be associated with temporary increase in frequency and/or severity of seizures. Advise against simultaneous ingestion of alcohol and other CNS depressants. Withdrawal symptoms (similar to those with barbiturates and alcohol) have occurred following abrupt discontinuance (convulsions, tremor, abdominal and muscle cramps, vomiting and sweating). Keep addiction-prone individuals under careful surveillance because of their predisposition to habituation and dependence. In pregnancy, lactation or women of childbearing age, weigh potential benefit against possible hazard.

**Precautions:** If combined with other psychotropics or anticonvulsants, consider carefully pharmacology of agents employed; drugs such as phenothiazines, narcotics, barbiturates, MAO inhibitors and other antidepressants may potentiate its action. Usual precautions indicated in patients severely depressed, or with latent depression, or with suicidal tendencies. Observe usual precautions in impaired renal or hepatic function. Limit dosage to smallest effective amount in elderly and debilitated to preclude ataxia or over-sedation.

**Side Effects:** Drowsiness, confusion, diplopia, hypotension, changes in libido, nausea, fatigue, depression, dysarthria, jaundice, skin rash, ataxia, constipation, headache, incontinence, changes in salivation, slurred speech, tremor, vertigo, urinary retention, blurred vision. Paradoxical reactions such as acute hyper-excited states, anxiety, hallucinations, increased muscle spasticity, insomnia, rage, sleep disturbances, stimulation have been reported; should these occur, discontinue drug. Isolated reports of neutropenia, jaundice; periodic blood counts and liver function tests advisable during long-term therapy.

# If there's good reason to prescribe for psychic tension...



When, for example,  
reassurance and counseling  
on repeated visits  
are not enough

## Effectiveness is a good reason to consider Valium® (diazepam) 2-mg, 5-mg, 10-mg tablets



Roche Laboratories  
Division of Hoffmann-La Roche Inc.  
Nutley, N.J. 07110

# What will we give you when you want a large private loan in a hurry?

~~/\$~~50,000, ~~/\$~~100,000,  
~~/\$~~200,000.

Whatever you want. Without the things you don't want. Like wasted time. Double-talk. Third degree. Or a lot of song and dance.

Our toll-free service (800-447-4700) is open 24 hours a day to let us arrange our schedule around yours. When you call, the operator simply takes your name and number and the best time for us to contact

you. Shortly, we call back about making you a loan of \$10,000, \$100,000, even \$200,000.

Oh yes, we'll give you rates and repayment schedules that are competitive, too. And your money can be on its way shortly.

So call 800-447-4700. See how we make a large loan quickly and keep it private.

The Professional  
Group

Associates Financial Services Company of California, Inc.  
1 City Boulevard West • Suite 920 • Orange, California 92668



# CALIFORNIA ASSOCIATION of PARAMEDICAL SCHOOLS

is

Pleased to Announce

The following member schools have been granted approval for their  
Medical Assisting Programs

by the

COUNCIL ON MEDICAL EDUCATION

of the

AMERICAN MEDICAL ASSOCIATION

in cooperation with the

CURRICULUM REVIEW BOARD

of the

AMERICAN ASSOCIATION OF MEDICAL ASSISTANTS

Lawton School, Encino

Long Beach College of Medical & Dental Assistants

Pacific College of Medical & Dental Assistants, San Diego

San Bernardino College of Medical & Dental Assistants

Southern California College of Medical & Dental Careers, Anaheim

Western College of Medical & Dental Assistants, Van Nuys

The Bryman Schools at:

Anaheim

Long Beach

Sacramento

San Francisco

San Jose

Torrance

West Los Angeles

Physicians are cordially invited to participate with the membership in the internship programs sponsored by the schools, and to avail themselves of the placement referral service provided by the schools for their recent and experienced graduates.

For information, contact the school closest to you.

**California Association of Paramedical Schools  
12340 Santa Monica Boulevard  
Los Angeles, California**

# Are you breathing yourself to death?

Here in California, doctors are seeing a very personal effect of air pollution: It is, quite literally, killing our patients.

For example, a study by the California Department of Public Health showed air pollution is contributing to an increase in the death rate in Los Angeles. It documented that high pollution caused or aggravated diseases in as many as half a million people a year in the state, and interfered with the well being of over 12-million residents.

It's that critical.

"Ecology" is not simply a fashionable fad. As we destroy our environment, we are literally destroying ourselves. This is one

of today's most serious health problems. And as such, California doctors and other experts are attacking it. Not just air pollution, but all the ways we are destroying our air, water and land.

Doctors are researching these problems and others, such as auto exhaust, solid waste disposal and noise. We will share our findings with you. So we may all reconsider our values, before our environment is beyond saving.

In the meantime, local medical societies have guidelines, developed by doctors, to assess the extent of damage to the California environment. Regional seminars have been held to organize medical committees

to combat pollution.


And doctors have initiated special projects such as the smog alert system to protect school children and cardiac patients in the Southern California air basin.

Doctors are supporting legislation to protect our environment, and we urge you to do so, too.

In a recent issue of California physicians' professional journal, *California Medicine*, the environmental problem was studied from many medical and ecological points of view. If you would like an easy-to-read summary of the articles, write CMA Ecology, 693 Sutter, San Francisco 94102.

## California Medical Association

Your doctor's way of caring for all of California



4/21/72  
8/14/72  
1/5/73

# How old is a "new" cystitis?

An acute occurrence of cystitis may be only a single episode in a process of recurrent urinary tract infection. The "new" cystitis patient is treated with antibiotics; the symptoms resolve. Until cystitis appears again. And again. With the possibility of developing resistant strains. With the fear of serious renal disease.

The long-term use of Mandelamine (methenamine mandelate), after the acute cystitis attack has been

cleared, may help prevent another "new" attack.

Mandelamine, by producing formaldehyde in an acid urine, provides a continuous antibacterial property to the urine. It is continually effective against *E. coli* and other urinary pathogens. And long-term use of Mandelamine will not produce resistant strains. Mandelamine is a safe therapy for recurrent cystitis... free from major toxic effects

M-GP-31-BW

**Mandelamine<sup>®</sup>**  
(methenamine mandelate)

to help stop old infections from becoming new again



# Who knows what evil lurks in the mucous membranes?

## Ornade<sup>®</sup> knows.

Each Spansule<sup>®</sup> (brand of sustained release capsule) contains 8 mg. of Teldrin<sup>®</sup> (brand of chlorpheniramine maleate); 50 mg. of phenylpropanolamine hydrochloride; and 2.5 mg. of isopropamide, as the iodide.

Knows the public's enemies — nasal congestion, runny nose, sneezing, watery eyes.

Knows what to do about them too.

All through the dark night of upper respiratory difficulty, while ordinary cold remedies wear off, the decongestant, antihistamine, and drying agent in 'Ornade' fight the never-ending battle for comfort, symptomatic relief, and free airways.

Ornade<sup>®</sup>. Why not let it help fight your patient's cold war.

Before prescribing, see complete prescribing information in SK&F literature or PDR.

**Indications:** Upper respiratory congestion and hypersecretion associated with: the common cold; acute and chronic sinusitis; vasomotor rhinitis; allergic rhinitis (hay fever, "rose fever," etc.).

**Contraindications:** Hypersensitivity to any component; concurrent MAO inhibitor therapy; severe hypertension; bronchial asthma; coronary artery disease; stenosing peptic ulcer; pyloroduodenal or bladder neck obstruction. Children under 6.

**Warnings:** Caution patients about activities requiring alertness (e.g., operating vehicles or machinery). Warn patients of possible additive effects with alcohol and other CNS depressants.

**Usage in Pregnancy:** In pregnancy, nursing mothers and women who might bear children, weigh potential benefits against hazards. Inhibition of lactation may occur.

**Effect on PBI Determination and <sup>131</sup>I Uptake:** Isopropamide iodide may alter PBI test results and will suppress <sup>131</sup>I uptake. Substitute thyroid tests unaffected by exogenous iodides.

**Precautions:** Use cautiously in persons with cardiovascular disease, glaucoma, prostatic hypertrophy, hyperthyroidism.

**Adverse Reactions:** Drowsiness, excessive dryness of nose, throat or mouth; nervousness; or insomnia. Also, nausea, vomiting, epigastric distress, diarrhea, rash, dizziness, weakness, chest tightness, angina pain, abdominal pain, irritability, palpitation, headache, incoordination, tremor, dysuria, difficulty in urination, thrombocytopenia, leukopenia, convulsions, hypertension, hypotension, anorexia, constipation, visual disturbances, iodine toxicity (acne, parotitis).

**Supplied:** Bottles of 50 capsules.

SK&F Smith Kline & French Laboratories



# He won't resist feeling better with **Mylanta<sup>®</sup>**

Because the taste is good.

- ☐ promptly relieves hyperacidity
- ☐ also relieves fullness and bloating
- ☐ non-constipating

LIQUID **MYLANTA<sup>®</sup>** TABLETS

aluminum and magnesium hydroxides with simethicone



STUART PHARMACEUTICALS | Division of ICI America Inc. | Wilmington, Del. 19899 | Pasadena, Calif. 91109

An Invitation to Attend . . .

# 30th Annual Meeting AMERICAN GERIATRICS SOCIETY

(in collaboration with the GERONTOLOGICAL SOCIETY)

APRIL 25-26, 1973 • BEVERLY HILTON HOTEL • BEVERLY HILLS, CALIFORNIA

No Registration Fee

---

## WEDNESDAY MORNING, APRIL 25

---

### Hypotensive Encephalopathy (Midnight Stroke) in the Aged

Jeff Minckler, M.D., Ph.D.  
Eisenhower Medical Center  
Palm Desert, Calif.

### Medicine in Modern China

Tsung O. Cheng, M.D.  
George Washington University  
Washington, D.C.

### Colovesical Fistula

Michael E. Steier, M.D. et al  
St. Vincent's Hospital  
New York, N. Y.

### Peritoneoscopy in Geriatric Patients

Klaus Anselm, M.D. et al  
Henry Ford Hospital  
Detroit, Mich.

### Complications of Peptic Ulcer Disease in Geriatric Patients—Diagnostic Considerations and Management

C. Grodsinsky, M.D. et al  
Henry Ford Hospital  
Detroit, Mich.

### Evaluation of the Aged Patient

William Reichel, M.D. et al  
Franklin Square Hospital  
Baltimore, Md.

### Carcinoma of the Thyroid in the Over-50-Year Age Group

Elmer Hoffman, M.D.  
Sinai Hospital of Baltimore  
Baltimore, Md.

### On the Genesis of Atherosclerosis

Broda O. Barnes, M.D.  
Fort Collins, Colo.

### Gynecological Problems in the Aging Woman

Robert N. Rutherford, M.D.  
University of Washington School of Medicine  
Seattle, Wash.

### Rehabilitation of the Geriatric Amputee

Franz U. Steinberg, M.D. et al  
Jewish Hospital of St. Louis  
St. Louis, Mo.

### Pre- and Post-Operative Management of Elderly Surgical Patients

Frank Glenn, M.D.  
Cornell University Medical College  
New York, N. Y.

---

## WEDNESDAY AFTERNOON, APRIL 25

---

### Symposium: Perception, Environment and Health

(With Gerontological Society)

### Timing of the Blood Pressure

Simon Rodbard, M.D.  
City of Hope Medical Center  
Duarte, Calif.

### Long Term Care of the Elderly Outside of the Home Environment—Role of Family Physician

Irving M. Schor, M.D.  
Comprehensive Health Planning Association  
of Central California  
Visalia, Calif.

### Experiences With Repair of 200 Groin Hernias in Patients 70 Years and Older

Joseph L. Ponka, M.D. et al  
Henry Ford Hospital  
Detroit, Mich.

### Long Term Oral Administration of Probucol in Management of Hypercholesterolemia

Robert S. Harris, Jr., M.D. et al  
University of Miami School of Medicine  
Miami, Fla.

### Toward a Prosthetic Inner Ear

Jack A. Vernon, Ph.D.  
University of Oregon Medical School  
Portland, Ore.

### Treatment of Psoriasis

Henry H. Roenigk, Jr., M.D.  
Cleveland Clinic  
Cleveland, Ohio

### Planning for the Later Years

Morris Fishbein, M.D.  
University of Chicago  
Chicago, Ill.

---

## THURSDAY, APRIL 26

---

### Treatment of Polycythemia Vera by Means of an Iron-Deficiency Regime

Henry Henstell, M.D.  
Cedars-Sinai Medical Center  
Los Angeles, Calif.

### Nephrostomy and the Geriatric Cancer Patient

Harry Grabstald, M.D.  
Cornell Medical College  
New York, N. Y.

### Gastrointestinal Bleeding in Geriatric Patients—Diagnosis and Management

C. Grodsinsky, M.D.  
Henry Ford Hospital  
Detroit, Mich.

### Closing Volumes: New Technique in Early Detection of Obstructive Lung Disease

George S. Devins, M.D. et al  
Menorah Medical Center  
Kansas City, Mo.

### Problems in Geriatric Health Care Delivery

Frank B. McGlone, M.D.  
The Denver Clinic  
Denver, Colo.

### Fluorescein Circulation Time and Treatment of Hypertension in the Aged

David B. Fishback, M.D.  
Philadelphia Geriatric Center  
Philadelphia, Pa.

### Exercise Airway Closing Volume Test in Detection of Latent Airway Disease in the Aged

Kishore S. Ambe, M.D., Ph.D. et al  
Health Enhancement Institute  
Laguna Hills, Calif.

### 30-Month Followup of Double Master Test and Maximal Treadmill Stress Test in Asymptomatic Subjects

Wilbert S. Aronow, M.D.  
University of California  
Irvine, Calif.

### Problem Oriented Medical Record in Long Term Institutional Care

Glenn B. Crawford, M.D.  
Glenmore Extended Care Facility  
Anchorage, Alaska

### Geriatric Psychopathology—Internal or External?

Elliott M. Feigenbaum, M.D.  
Langley Porter Neuropsychiatric Institute  
San Francisco, Calif.

---

*Award Luncheon: Presentation of Four American Geriatric Society Awards*

AMERICAN GERIATRICS SOCIETY • 10 COLUMBUS CIRCLE • NEW YORK, NEW YORK 10019

# CONTINUING MEDICAL EDUCATION ACTIVITIES IN CALIFORNIA AND HAWAII

## COMMITTEE ON CONTINUING MEDICAL EDUCATION

THIS BULLETIN of information regarding continuing education programs and meetings of various medical organizations in California and Hawaii is supplied by the Committee on Continuing Medical Education of the California Medical Association. It is funded in part through a Health Services and Mental Health Administration grant to the California Committee on Regional Medical Programs; Grant No. 3 S02 RM-00019 01S1. In order that they may be listed here, please send communications relating to your future meetings or postgraduate courses two months in advance to Committee on Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102; or phone (415) 776-9400, ext. 121. Note: Please see Vol. 117 No. 4, October, 1972 issue for a list of organizations approved for Category I Credit towards the CMA Certificate in Continuing Medical Education.

## ALCOHOLISM AND DRUG USE

March 29-May 31—**Community Aspects of Alcoholism.** Center for Training in Community Psychiatry. Thursdays. Contact: Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064.

April 24-25—**A Systematic Plan for Delivery of Drug Abuse Services.** UC Extension at Haas Clubhouse, UC Berkeley. Tuesday-Wednesday. An overview of the Drug Abuse Treatment Referral System. \$30. Contact: UC Extension, Berkeley 94720.

## CANCER

March 15-16—**Clinical Cancer Conference—Eighth Annual.** UCSF at St. Francis Hotel, San Francisco. Thursday-Friday.

March 15-17—**Spring Cancer Conference—First Annual.** USC and American Cancer Society of LA County at LAC/USC Cancer Center. Thursday-Saturday. \$75. 18 hrs. Contact: USC.

March 24—**Cancer—The Human Side.** American Cancer Society at Airport Marina Hotel, San Francisco. Saturday. Rehabilitation needs of cancer patients and resources available to them. Focus on ACS volunteer programs. Contact: Marie Aylward, Nurse Consultant, ACS, 875 O'Farrell, San Francisco 94109. (415) 885-5822, ext. 11.

April 13-14—**Diagnosis and Treatment of Cancer.** UCSF and Children's Hospital at Children's Hospital, San Francisco. Friday-Saturday. Contact: UCSF.

June 14-16—**Medical Oncology.** USC. Thursday-Saturday.

Continuously—**Tumor Board—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Pathology Conference Room, Harbor General Hospital, Torrance. Fridays 2-3 p.m. Advice and consultation from specialists in surgical, medical, and radiotherapeutic treatment of cancer. Practicing physicians invited to have patients presented for discussion. Contact: John Benfield, MD, Dept. of Surgery, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 421.

## MEDICINE

March 19-23—**Arrhythmia Retreat West.** USC at Erawan Garden Hotel, Indian Wells. Monday-Friday.

March 22-23—**Diabetes.** USC. Thursday-Friday.

March 23—**Day in Cardiology.** RMP Area II at Biggs-Gridley Hospital, Gridley. Friday. Contact: Ms. Gail Carter, RMP Area II, UCD. (916) 752-0328.

March 27-30—**Consultant's Course in Dermatology.** UCSF. Tuesday-Friday. \$150.

March 31-April 7—**North American Clinical Dermatology Society.** Vacation Village, San Diego. One week. Contact: Edmund F. Finnerty, MD, Exec. Secy. NACDS, 510 Commonwealth Ave., Boston 02215.

April 2-11—**Cardiology for the Consultant.** American College of Cardiology at Rancho Santa Fe Inn, Rancho Santa Fe. Ten days. Contact: Mary Anne McInerney, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (201) 530-1600.

April 2-13—**Intensive Review of Internal Medicine.** USC. Two weeks.

## KEY TO ABBREVIATIONS AND SYMBOLS

### Medical Centers and CMA Contacts for Information

- CMA:** California Medical Association  
Contact: Continuing Medical Education, California Medical Association, 693 Sutter Street, San Francisco 94102. (415) 776-9400, ext. 241.
- LLU:** Loma Linda University  
Contact: John E. Peterson, MD, Associate Dean for Continuing Medical Education, Loma Linda University School of Medicine, Loma Linda 92354. (714) 796-7311.
- PMC:** Pacific Medical Center  
Contact: Arthur Selzer, MD, Chairman, Education Committee, Pacific Medical Center, P.O. Box 7999, San Francisco 94120. (415) 931-8000.
- STAN:** Stanford University  
Contact: Edward Rubenstein, MD, Associate Dean for Postgraduate Education, Stanford University School of Medicine, 300 Pasteur Drive, Stanford 94305. (415) 321-1200, ext. 5594.
- UCD:** University of California, Davis  
Contact: George H. Lowrey, MD, Professor and Chairman, Department of Postgraduate Medicine, University of California, Davis, School of Medicine, Davis 95616. (916) 752-3170.
- UCI:** University of California, California College of Medicine, Irvine  
Contact: Donald W. Shafer, MD, Assistant Coordinator, Continuing Medical Education, Regional Medical Programs, University of California, Irvine—California College of Medicine, Irvine 92664. (714) 833-5991.
- UCLA:** University of California, Los Angeles  
Contact: Donald Brayton, MD, Director, Continuing Education in Medicine and the Health Sciences, P.O. Box 24902, UCLA, Los Angeles 90024. (213) 825-7241.
- UCSD:** University of California, San Diego  
Contact: Richard A. Lockwood, MD, Associate Dean for Health Manpower, 1310 Basic Sciences Building, University of California, San Diego, School of Medicine, La Jolla 92037. (714) 453-2000, ext. 1251.
- UCSF:** University of California, San Francisco  
Contact: Seymour M. Farber, MD, Dean, Educational Services and Director, Continuing Education, Health Sciences, School of Medicine, University of California, San Francisco 94122. (415) 666-1692.
- USC:** University of Southern California  
Contact: Phil R. Manning, MD, Associate Dean, Postgraduate Division, University of Southern California School of Medicine, 2025 Zonal Avenue, Los Angeles 90033. (213) 225-1511, ext. 203.

**April 4—Tenth Annual Spring Symposium.** Los Angeles County Heart Association at Century Plaza Hotel, Los Angeles. Wednesday. Contact: Shah Khan, Prog. Assoc., 2405 W. 8th St., Los Angeles. (213) 385-4231.

**April 4—Chronic Pulmonary Infections.** LLU. \$30. Wednesday.

**April 11—Physicians Cardiovascular Symposium.** Central Valley Heart Association at Hilton Hotel, Fresno. Wednesday. \$25. Contact: Mrs. Frances Cuthbertson, 3835 N. West Ave., Fresno. (209) 224-8215.

**April 14—Cardiovascular Symposium—Nineteenth Annual.** Central Mission Trails Heart Assn. at Del Monte Hyatt House Hotel, Monterey. Saturday. Contact: Central Mission Trails Heart Assn., 541 S. Main St., Salinas. (408) 424-6007.

**April 14-15—Non-Invasive Techniques in the Diagnosis of Heart Disease.** American College of Cardiology, UCLA, and Cedars-Sinai Medical Center at Century Plaza Hotel, Los Angeles. Saturday-Sunday. Contact: Mary Anne McNerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

**April 25—Diabetes Mellitus in the Spring of '73.** LLU. Wednesday. \$30.

**April 25-27—Hepatobiliary Disease in Clinical Practice.** PMC, American College of Physicians and UCSF at Hilton Hotel, San Francisco. Wednesday-Friday. Contact: Registrar, Postgraduate Courses, ACP, 4200 Pine St., Philadelphia 19104. (215) 222-8120.

**April 27-28—First Southwestern Diabetes Symposium.** Diabetes Assn. of So. Calif., UCSD and Scripps Clinic & Res. Fndn. at Harbor Island Hotel, San Diego. Friday-Saturday. Contact: Diabetes Assn. of So. Calif., 4849 Van Nuys Blvd., Sherman Oaks 91403. (213) 986-6272.

**May 4—Careless Vascular Assessment—The Means of Prevention.** Alameda County Heart Assn. at Claremont Hotel, Berkeley. Friday. \$20. 7 hrs. Contact: Richard A. Darrah, Asst. Dir., ACHA, 4171 MacArthur Blvd., Oakland 94619. (415) 530-0400.

**May 9—Diagnosis of Arteriosclerotic Heart Disease.** LLU. Wednesday.

**May 14-18—Dermatology.** UCLA at Kona Kai Hotel, San Diego. Monday-Friday.

**May 17-19—Critical Approach to Cardiovascular Therapy.** PMC. Thursday-Saturday. 24 hrs.

**May 18—Scientific Sessions for Physicians.** California Heart Assn. at Rickey's Hyatt House, Palo Alto. Friday. \$20. 6½ hrs. Contact: Virginia Anable, Admin. Asst., Cal. Heart Assn., 1370 Mission, San Francisco 94103. (415) 626-0123.

**May 23—Symposium on Congenital Heart Disease.** LLU. Wednesday. \$30.

**June 7—Pacemakers.** USC. Thursday.

**June 8—Neurology.** USC. Friday.

**June 12—Blood Gas Volume.** USC. Tuesday.

**June 22-23—Electrocardiography.** UCSF. Friday-Saturday.

**Continuously—Practical Workshops in Pulmonary Disease.** USC. Wednesday evenings 7:30-10:00 p.m. November 15 through April 25, 1973. 5 courses. \$200.

**Continuously—Clinical Conferences.** UCSF and Community Hospital of Santa Cruz at Community Hospital of Santa Cruz, Santa Cruz. October 1972 through June 1973. \$45 for the series, \$7 per lecture. April 11—Indications and Current Status of Arteriography.

**Continuously—Continuing Medical Education Program.** Midway Hospital, Los Angeles, Mondays, 8:00-9:00 a.m. October, 1972—June, 1973. April—Acid-Base from the Pulmonary Standpoint. Contact: Mr. Ira R. Alpert, Assoc. Admin., Midway Hosp., 5925 San Vicente Blvd., Los Angeles 90019. (213) 938-3161.

**Continuously—Differential Diagnosis in Internal Medicine.** USC. September, 1972 through May, 1973, on the fourth Thursday of each month.

**Continuously—Cardiology for the Consultant.** USC. October, 1972 through June, 1973, Wednesdays.

**Continuously—Renal Dialysis Traineeships.** UCSF. By special arrangement.

**Continuously—Preceptorships in Biochemistry and Biophysics.** UCSF. By arrangement.

**Continuously—Clinics in Dermatology.** UCSF. By arrangement.

**Continuously—Cardiovascular Seminars.** Mondays at 4:30 p.m. in the second floor lecture hall, Basic Science Building, UCSD. Contact: UCSD.

**Continuously—Preceptorships in Cardiology.** American College of Cardiology and PMC. By arrangement. Contact: Arthur Selzer, MD, PMC; or Miss Mary Anne McNerny, ACC, 9650 Rockville Pike, Bethesda, Md. 20014. (301) 530-1600.

**Continuously—Biomedical Lecture Series.** UCSD. Specified Wednesday at 8:00 p.m. For schedule contact UCSD.

**Continuously—Joint Continuing Medical Education Programs for South Bay Hospitals.** UCSD, Bay General Hospital, Chula Vista Community Hospital, Coronado Hospital, Paradise Valley Hospital and CRMP. Programs to be held at various hospitals; April 2—Poisoning. Chula Vista Community Hospital. May 15—Infections and Antibiotics. Coronado Hospital. Contact: UCSD.

**Continuously—Neurology Conference.** San Joaquin General Hospital, Stockton. Mondays, 10:00-11:30 a.m. in Conference Room 2. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

**Continuously—Renal Conference.** San Joaquin General Hospital, Stockton. First Thursday of each month, 11:00 a.m. to 12:00 noon, Conference Room 2. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

**Continuously—Cardiology Conference.** San Joaquin General Hospital, Stockton. Third Wednesday of each month, 10:00-11:30 a.m., Conference Room 1. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

**Continuously—Seminar in Clinical and Public Health Aspects of Chest Diseases.** Harbor General Hospital and CRMP Area IV at Harbor General Hospital, Torrance. Three-hour sessions on second Friday of each month, 9-12 a.m., B-3 classroom, Chest Wards. Presentation of patients demonstrating medical, social, and public health aspects of chest disease, followed by discussion of cases. Course open to physicians, nurses, social workers and personnel concerned with detection and management of patients with chest disease. No fee. Contact: Matthew Locks, MD, Dir., Chest Ward Service, Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 1245.

Continuously—**Training of Physicians in Modern Concepts of Pulmonary Care.** CRMP Area VI, LLU and Riverside General Hospital. Four weeks or more, scheduled by arrangement. Diagnostic and therapeutic methods in medical chest disease, physiological methodology of modern pulmonary care programs, use of new instrumentation in the field. 160 hrs. Contact: George C. Burton, MD, LLU.

Continuously—**Neurological Sciences.** St. Francis Hospital of Lynwood. Wednesdays, 7:30-8:30 a.m. Presentations of radiological evaluations and pathological specimens of current material and review of current topics in specialty. Weekly notification of cases available. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3620 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Continuing Education in Internal Medicine—Harbor General Hospital.** CRMP Area IV and Harbor General Hospital at Harbor General Hospital, Torrance. Thursdays 12:00-1:00 p.m. Systematic review of internal medicine, lectures by faculty and visiting professors. Contact: A. James Lewis, MD, Program Dir., Harbor General Hospital, 1000 W. Carson St., Torrance 90509. (213) 328-2380, ext. 647.

Continuously—**Training for Physicians in General Internal Medicine.** CRMP Area VI and LLU at LLU. Four weeks or more, scheduled by arrangement. Bedside and classroom training, practical aspects of clinical care and management. 160 hrs. Contact: LLU.

Continuously—**EKG Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the first Thursday of each month, 12:00-1:30 p.m. A presentation of cases and pathology of recent coronary patients. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Cardio-angiography Conference.** St. Francis Hospital of Lynwood, Lynwood. Presented the second and fourth Thursday of each month, 12:00-1:30 p.m. Contact: Ralph Miller, Admin. Asst., St. Francis Hospital of Lynwood, 3630 Imperial Hwy., Lynwood 90262. (213) 639-5111, ext. 365.

Continuously—**Basic Home Course in Electrocardiography.** One year postgraduate series, ECG interpretation by mail. Physicians may register at any time. \$100 (52 issues). Contact: USC.

Continuously—**Cardiology Conferences — CRMP Area III.** Monthly, 2:30-5:30 p.m. at Room M112, Stanford Medical Center, Stanford. Conferences including case presentations of local complicated cardiologic problems. Contact: William J. Fowkes, Jr., MD, 703 Welch Road, Suite G1, Palo Alto 94304. (415) 321-1200, ext. 6015.

#### **Grand Rounds—Medicine**

##### **Tuesdays**

8:30-10:00 a.m., Assembly Hall, Harbor General Hospital, Torrance. UCLA.

Neurologist in Chief Rounds. 12:30 p.m., 6 East, University Hospital of San Diego County, San Diego. UCSD.

##### **Wednesdays**

8:00 a.m., A Level Amphitheater, LLU Hospital, LLU.

1st Wednesday of each month, 10:00-11:15 a.m., Conference Room 1, San Joaquin General Hospital, Stockton.

10:30-12 noon. Auditorium, Medical Sciences Building. UCSF.

11:00 a.m., Room 1645, Los Angeles County-USC Medical Center. USC.

12:30 p.m., Auditorium, School of Nursing, Orange County Medical Center. UCI.

12:30-1:30 p.m., University Hospital, UCSD.

12:30-1:30 p.m., Building 22, VA Hospital, Sepulveda.

##### **Thursdays**

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8:30 a.m., First Floor Auditorium, Harbor General Hospital, Torrance.

10:30-12:00 noon, Room 63-105, UCLA Medical Center. UCLA. Second, Third, and Fourth Thursdays.

Neurology. 11:00 a.m., 664 Science, UCSF.

Neurology. 12:30 p.m., University Hospital of San Diego County, San Diego. UCSD.

4th Thursday of each month, 12:30 p.m. in lower conference room, Huntington Intercommunity Hospital, Huntington Beach.

##### **Fridays**

8:00 a.m., Auditorium, First Floor, Kern County General Hospital, Bakersfield. UCLA.

8:30 a.m., Auditorium, Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles. UCLA. Second and Fourth Fridays.

Neurology. 8:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

1st and 3rd Fridays, 8:30 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. UCLA.

1:15 p.m., Lieb Amphitheater, Timken-Sturgis Research Bldg., La Jolla. Scripps Clinic and Research Foundation.

Rheumatology. 11:45 a.m., Room 6441, Los Angeles County-USC Medical Center, Los Angeles. USC.

#### **OBSTETRICS AND GYNECOLOGY**

April 4-7—**American Fertility Society.** At Hilton Hotel, San Francisco. Wednesday-Saturday. Contact: Herbert H. Thomas, Med. Dir., AFS, 1801 Ninth Ave. South, Birmingham, Ala. 35205.

April 6-7—**Problems of the Newborn Infant.** UCD. Friday-Saturday.

April 7-12—**Symposium on Infertility.** USC at Royal Lahaina Hotel, Maui, Hawaii. Saturday-Thursday.

April 9-11—**Symposium on Gynecologic Endocrinology.** USC at Royal Lahaina Hotel, Maui, Hawaii. Monday-Wednesday.

April 18-20—**Fetal Monitoring.** USC at Riviera Hotel, Palm Springs. Wednesday-Friday.

May 23-24—**Endocrinology in Obstetrics.** USC. Wednesday-Thursday.

Continuously—**Preceptorships in Obstetrics and Gynecology—Aspiration Abortion.** UCSF. By arrangement.

Continuously—**Ob/Gyn Conference.** San Joaquin General Hospital, Stockton. Mondays, 12:00-1:30 p.m. in Doctors' Dining Room. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.



## Grand Rounds—Obstetrics and Gynecology

### Mondays

10-11:30 a.m., Assembly Room, First Floor, Harbor General Hospital, Torrance. UCLA.

10:30 a.m., Auditorium, Women's Hospital, Los Angeles County-USC Medical Center, Los Angeles. USC.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

### Tuesdays

9:00 a.m., Fifth Floor Auditorium, Room 53-105, UCLA Medical Center. UCLA.

### Wednesdays

8:00 a.m., Conference Room, Sacramento Medical Center, Sacramento. UCD.

### Fridays

8:00 a.m., Auditorium, Orange County Medical Center. UCI.

### Saturdays

8:00 a.m., Executive Dining Room, University Hospital of San Diego County, San Diego. UCSD.

## PEDIATRICS

March 16-17—**Arthritis and Immunity in Children and Young Adults.** See Of Interest to All, March 16-17.

March 29-May 31—**Children's Services.** See Psychiatry, March 29-May 31.

April 14-15—**Autism—Diagnosis, Management and Current Research.** See Of Interest to All, April 14-15.

April 30-May 4 — **Pediatric Review.** USC. Monday-Friday.

May 10-12—**Annual Pediatric Course.** UCSF. Thursday-Saturday.

May 16-20—**American Pediatric Society.** Hilton Hotel, San Francisco. Wednesday-Sunday. Contact: Charles D. Cook, MD, Sec.-Treas., APS, 333 Cedar St., New Haven, Conn. 06510.

May 16-20—**Society for Pediatric Research.** Hilton Hotel, San Francisco. Wednesday-Sunday. Contact: Robert Greenberg, MD, Charles R. Drew Postgraduate Medical School, 1620 E. 119th St., Los Angeles 90059.

May 21-25—**Review of Pediatrics.** USC. Monday-Friday.

Continuously—**Preceptorships in Pediatrics.** UCSF. By arrangement.

Continuously—**Pediatric Cardiology Conference.** UCSD, Third Floor Conference Room, University Hospital. Clinical review of cases planned for the week, Tuesdays at 7:30 a.m.; Clinical review of data obtained, Fridays at 1:30 p.m. Contact: UCSD.

Continuously—**Pediatric Research Seminar.** UCSD. Mondays, 12:00 noon-1:00 p.m.

Continuously—**Pediatrics Clinical Conference.** San Joaquin General Hospital, Stockton. Wednesdays, 10:00-11:15 a.m., Conference Room 3. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Pediatric-Cardiology Conference.** San Joaquin General Hospital, Stockton. Third Thursday of each month, 9:30-11:00 a.m., Conference Room 2. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Pediatric Conference.** Cedars-Sinai Medical Center, Los Angeles. Thursdays weekly, 8:30-9:30 a.m. Contact: B. M. Kagan, MD, Lebanon Hall, Cedars-Sinai Med. Center, 4833 Fountain Ave., Los Angeles 90029. (213) 662-9111, ext. 181.

## Grand Rounds—Pediatrics

### Tuesdays

8:00 a.m., Children's Hospital Medical Center, Oakland.

8:00 a.m., Auditorium, Pediatric Pavilion, Los Angeles County-USC Medical Center, Los Angeles. USC.

8:30 a.m., Room 4-A, Kern County General Hospital, Bakersfield. UCLA.

8:30 a.m., Pathology Auditorium, San Francisco General Hospital.

8:30 a.m., University Hospital of San Diego County, San Diego. UCSD.

12:00 noon, A Level Amphitheater, LLU Hospital, LLU.

### Wednesdays

8-9:00 a.m., held alternately at Auditorium, Orange County Medical Center and Auditorium, Children's Hospital of Orange County. UCI.

8:30 a.m., Bothin Auditorium, Children's Hospital, San Francisco.

### Thursdays

8:30-10:00 a.m., Room 664, Science Building, UCSF.

8:30-9:30 a.m., Lebanon Hall, Cedars of Lebanon Hospital, Los Angeles.

### Fridays

8:00 a.m., Lecture Room, A Floor, Health Sciences Center, UCLA.

8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

8-9:00 a.m., Lecture Hall, Children's Hospital of Los Angeles.

8:30 a.m., Room M104, Stanford University Medical Center, STAN.

9:30-11:00 a.m., Conference Room 2, San Joaquin General Hospital, Stockton.

Infectious Disease. 10:00 a.m., Auditorium, Children's Division Building, Los Angeles County-USC Medical Center, Los Angeles. USC.

## PSYCHIATRY

March 16-17—**Community Mental Health—Interventions and Implications.** USC Division of Psychiatry. Friday-Saturday. \$45. 10 hrs.

March 17—**Program at Napa State Hospital.** UCSF and Napa State Hospital at Napa State Hospital, Imola. Saturday. Contact: UCSF.

March 28-June 6—**Effective Management of Organizations and Programs in a Changing Environment.** See Of Interest to All, March 28-June 6.

March 29-May 31—**Children's Services.** Center for Training in Community Psychiatry. Thursdays. Contact: Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064.

March 31—**Family Process.** UCSF and Napa State Hospital at Napa State Hospital, Imola. Saturday. \$15. 6 hrs. Contact: UCSF.

April 10-June 12—**Community Responsibility and Services to the Developmentally Disabled.** Center for Training in Community Psychiatry. Tuesdays. Contact: Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064.

April 10-June 12—**Aftercare Services for Emergency Mental Health Programs.** Center for Training in Community Psychiatry. Tuesdays. Contact: Center for Training in Community Psychiatry, 11665 W. Olympic Blvd., Los Angeles 90064.

May 3-7—**American Psychoanalytic Association.** Hilton Hawaiian Village, Honolulu. Thursday-Monday. Contact: Mrs. Helen Fischer, 1 E. 57th St., N. Y. 10022.

May 5-6—**American Society for Adolescent Psychiatry.** Hilton Hotel, Honolulu. Saturday-Sunday. Contact: Mrs. Veronica Matthes, 88-77 Elderts Lane, Woodhaven, N.Y. 11421

May 19—**Sexual Problems in a Medical Practice.** See Of Interest to All, May 19.

May 19-20—**Mental Health for the Developmentally Disabled.** UCSF. Friday-Saturday.

June 25-29—**Comparative Psychotherapies.** USC Division of Psychiatry at Hotel del Coronado, Coronado. Monday-Friday. \$100. 20 hrs.

Continuously—**Group Methods.** VA Mental Health Clinic and UCSF at VA Mental Health Clinic, Oakland. April 4-June 6, Wednesdays.

Continuously—**Preceptorships in Psychiatry.** UCSF. By arrangement.

Continuously—**Southern California Psychiatric Society—Monthly Scientific Program.** SCPS at UCLA—NPI. Second Monday of March, June, September, November, December 1973. 8:00 p.m. Contact: Pamela Underwood, Exec. Sec., SCPS, 9713 Santa Monica Blvd., Beverly Hills 90210. (213) 271-7219.

#### **Grand Rounds—Psychiatry**

Wednesdays

10:30 a.m., Sacramento Medical Center, Sacramento. UCD.

#### **RADIOLOGY AND PATHOLOGY**

March 30-31—**Pulmonary Radiological Symposium—Current Concepts.** UCLA and Radiology and Respiratory Divisions, Harbor General Hospital at Disneyland Hotel, Anaheim. Friday-Saturday. Contact: Joseph Tabrisky, MD, Dept. of Radiology, Harbor Gen. Hospital, 1000 W. Carson St., Torrance 90509.

April 2-7—**American College of Radiology.** St. Francis Hotel, San Francisco. Monday-Saturday. Contact: William C. Stronach, Exec. Dir., 20 N. Wacker Dr., Chicago 60606.

May 4-6—**California Radiological Society.** Hotel del Coronado, Coronado. Friday-Sunday. \$20. Contact: CRS, 4650 Sunset Blvd., Los Angeles 90027. (213) 663-3341.

Continuously—**Cytopathology Tutorial Program.** UCSF. Courses may be arranged throughout the year on the basis of individual needs and goals; fees are prorated accordingly. Arrangements should be discussed with instructor, Eileen B. King, MD, Dept. of Pathology, UCSF. (415) 666-2919.

Continuously — **Orange County Radiological Society — Film Reading Sessions.** Orange County Medical Center, Orange. First Tuesday of each month, 7:30-9:00 p.m., September, 1972-June, 1973. Contact: Edward I. Miller, MD, Program Chairman, OCRS, 301 Newport Blvd., Newport Beach 92660. (714) 645-8600.

Continuously—**UCSF Radiology Rounds, Seminars and Conferences.** Weekly meetings October-May. Department of Radiology, UCSF. Open to all physicians without charge. Radiology Chest Conferences, Angiocardiography Rounds, Diagnostic Radiology Seminars, Neuroradiology Seminars, Radiation Therapy Seminars. For schedule information contact: UCSF.

Continuously—**Principles and Clinical Uses of Radioisotopes.** UCSF. Fundamentals for the proper understanding and use of radioactivity in clinical medicine. Training in diagnostic and therapeutic uses of radioisotopes. Normal period of training: 3 months. Two-part course: Part A, Basic Fundamentals; Part B, Clinical Applications.

Continuously—**Scintillation Camera Workshop.** UCSF. Workshops provided for physicians and nuclear medicine technologists by special arrangement, limited to 30 trainees per workshop. One- or two-day intensive training periods, basic instruction in scintillation camera theory, scintigraphic principles and scintiphographic interpretations. \$50. Contact: UCSF.

Continuously — **Scintiphograph Interpretation.** UCSF and Nuclear Medicine Section, Department of Radiology, UCSF. By special arrangement, designed to furnish physicians with an opportunity to participate in the daily activities of a university laboratory. Two-week training period participation in daily interpretation conferences, correlation conferences, routine training conferences. \$175. Contact: UCSF.

#### **Grand Rounds—Radiology-Pathology**

Mondays

Pathology. 1:00 p.m., Sacramento Medical Center, Sacramento. UCD.

#### **SURGERY AND ANESTHESIOLOGY**

March 16—**Day in Urology.** UCD. Friday.

March 16-18—**Association of University Anesthetists.** Holiday Inn, San Francisco. Friday-Sunday. Contact: C. Philip Larson, Jr., MD, Secy., AUA, Dept. of Anesthesia, UC Med. Ctr., San Francisco 94122.

March 16-25—**American Society of Abdominal Surgeons.** Sheraton Waikiki Hotel, Honolulu. Ten days. Contact: Blaise F. Alfano, MD, Exec. Secy., ASAS, 675 Main St., Melrose, Mass. 02176.

March 17—**Orthopedic Pathology.** See Of Interest to All, March 17.

March 17-21—**Controversial Areas in Surgery.** UCLA at Riviera Hotel, Palm Springs. Saturday-Wednesday.

March 19-21—**G. Mosser Taylor Course in Orthopedic Surgical Anatomy.** LLU. Monday-Wednesday.

March 27-28—**Faculty Workshop in Glaucoma.** UCSF Tuesday-Wednesday. \$150.

March 29-30—**Surgical Decisions in Glaucoma.** UCSF at St. Francis Hotel, San Francisco. Thursday-Friday. \$150.

April 2-6—**Samuel Higby Camp Visiting Professorship—Eighteenth Annual.** UCSF Dept. of Orthopaedic Surgery at UCSF. Monday-Friday. 20 hrs.

April 4-8—**Vascular Surgery.** UCLA at Erawan Garden Hotel, Indian Wells. Wednesday-Sunday.

April 5-7—**General Surgery.** UCSF at Hilton Hotel, San Francisco. Thursday-Saturday.

April 6—**LeRoy C. Abbott Orthopaedic Society—Annual Meeting.** UCSF Dept. of Orthopaedic Surgery at UCSF. Friday. 6 hrs.

April 7—**Anesthesiology Conference.** UCD. Saturday.

April 11—**Practical Pearls from Prominent Urologists.** LLU. Wednesday. \$30.

April 12-14—**General Surgery.** UCSF at Hilton Hotel, San Francisco. Thursday-Saturday.

April 13—**Industrial Back Injuries.** PMC. Friday.

April 15-27—**Temporal Bone Surgical Dissection Course.** Los Angeles Foundation of Otolaryngology. 13 days. \$1,000 (\$750 for residents). Contact: Jack L. Pulec, MD, LA Foundation of Otolaryngology, 2130 W. Third St., Los Angeles 90057. (213) 483-4431.

April 16-19—**American Association of Neurological Surgeons.** Century Plaza Hotel, Los Angeles. Monday-Thursday. Contact: Michael I. O'Connor, 428 East Preston St., Baltimore 21202.

April 25-27—**American Surgical Association.** Century Plaza Hotel, Los Angeles. Wednesday-Friday. Contact: Tom Shires, MD, Secy., ASA, 5323 Harry Hines Blvd., Dallas 75235. (214) 631-3220, ext. 521.

April 25-27—**Treatment of Scoliosis.** American Academy of Orthopaedic Surgeons at Disneyland Hotel, Anaheim. Wednesday-Friday. Contact: Theodore R. Waugh, MD, Dept. of Surgery, UCI. (714) 633-9393, ext. 165.

April 28-29—**West Coast Anesthesia Residents Conference.** American Society of Anesthesiologists at Naval Hospital, Oakland. Saturday-Sunday. Contact: ASA, 515 Busse Highway, Park Ridge, Ill. 60068. (312) 825-5586.

May 4-5—**Trauma.** UCSF and Mary's Help Hospital at Mary's Help Hospital, San Francisco. Friday-Saturday.

May 4-6—**Western Orthopedic Association, Northern California Chapter—Annual Spring Meeting.** Del Monte Lodge, Pebble Beach. Friday-Sunday. Contact: Mrs. Ira Ruth Haggerty, Exec. Sec., 145 Kimberlin Heights Dr., Oakland 94619. (415) 531-1288.

May 10-12—**Neurosurgery Postgraduate Course.** UCSF at Hilton Hotel, San Francisco. Thursday-Saturday.

May 13-20—**Management of the Surgical Patient.** STAN at Mauna Kea Beach Hotel, Kamuela, Hawaii. One week.

May 17-18—**Surgery.** USC. Thursday-Friday.

June 7-8—**Highlights of Modern Ophthalmology.** PMC. Thursday-Friday. \$150.

June 7-10—**California Society of Anesthesiologists—Annual Meeting.** Disneyland Hotel, Anaheim. Thursday-Sunday. \$50; \$75 for non-members. 19 hrs. Contact: N. R. Catron, Exec. Sec., 100 S. Ellsworth Ave., Suite 411, San Mateo 94401. (415) 343-4644.

June 17-29—**Temporal Bone Surgical Dissection Course.** Los Angeles Foundation of Otolaryngology. 13 days. \$1,000 (\$750 for residents). Contact: Jack L. Pulec, MD, LAFO, 2130 W. Third St., Los Angeles 90057. (213) 483-4431.

Continuously—**Thoracic Surgery Conference.** San Joaquin General Hospital, Stockton. 4th Wednesday of each month. 9:00 a.m.-10:30 a.m. Contact: J. David Bernard, MD, Dir. Med. Ed., San Joaquin General Hospital, Stockton 95201. (209) 982-1800.

Continuously—**Los Angeles Urological Society.** At LACMA. March through December 1973. First Tuesday of each month. April 3—Experiences with Operable Prostatic Cancer. May 1—Renal Pain. Contact: Ann P. Sire, Exec. Secy., P.O. Box 1974, Altadena 91001. (213) 225-3115, ext. 1411.

Continuously—**Orthopedic Trauma Conference.** USC at Los Angeles County-USC Medical Center. Mondays, 7:00-9:00 p.m. Contact: Dept. of Orthopedics, USC School of Med., 2025 Zonal Ave., Los Angeles 90033. (213) 225-3131.

Continuously—**Preceptorships in General Surgery.** UCSF. By arrangement.

Continuously—**Preceptorships in Neurological Surgery.** UCSF. By arrangement.

Continuously—**Preceptorships in Urology.** UCSF. By arrangement.

Continuously—**Training for Physicians in Nephrology.** CRMP Area VI and LLU at LLU. Courses of four weeks or more available, to be scheduled by arrangement. Hemodialysis, peritoneal dialysis, renal biopsy, and kidney transplantation. 160 hrs. Contact: Stewart W. Shankel, MD, LLU.

Continuously—**Thoracic Surgery Conference.** San Joaquin General Hospital, Stockton. Fourth Wednesday of each month, 9:00-10:30 a.m., Conference Room 1. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Medical Surgical Combined Conference.** San Joaquin General Hospital, Stockton. Second Wednesday of each month, 10:00-11:15 a.m., Conference Room 1. Contact: J. David Bernard, MD, FACP, Dir. of Med. Ed., San Joaquin Gen. Hosp., Stockton 95201. (209) 982-1800.

Continuously—**Orthopaedic Audio-Synopsis Foundation.** A non-profit service for Orthopaedic Surgeons publishing monthly recorded teaching programs which include summaries of pertinent literature and excerpts from leading national and international meetings. Twelve monthly c-60 cassette tapes. Annual subscription rate \$72 (\$50 for residents). Contact: J. Tonn, Man. Ed., OASF, 6317 Wilshire Blvd., Los Angeles 90048. (213) 986-0131.

#### **Grand Rounds—Surgery**

##### **Tuesdays**

Orthopedic Surgery. 8:00 a.m., Sacramento Medical Center, Sacramento. UCD.

Urology. 7:30 a.m., Sacramento Medical Center, Sacramento. UCD.

##### **Wednesdays**

7:15 a.m., Auditorium, Kern County General Hospital, Bakersfield. CRMP Area IV.

8:00-10:00 a.m., San Joaquin General Hospital, Stockton.

1st and 3rd Wednesdays. 11:00 a.m., Auditorium, Brown Building, Mount Sinai Hospital, Los Angeles. UCLA.

3:30 p.m., Sacramento Medical Center, Sacramento. UCD.

##### **Thursdays**

Neurology and Neurosurgery. 11:00-12:15, Room 663, Science Building, UCSF.

##### **Fridays**

1:00-2:00 p.m., Auditorium, Orange County Medical Center, Orange. UCI.

Neurosurgery. 9:30 a.m., held alternately at Stanford University Hospital and Neurology Conference Building 7, VA Hospital, Palo Alto. STAN.

##### **Saturdays**

8:00 a.m., Auditorium, 1st floor, University Hospital of San Diego County, San Diego, UCSD.

Urology. 8:00 a.m., 3rd floor conference room, University Hospital of San Diego County, San Diego. UCSD.

8:30 a.m., Assembly Room, Harbor General Hospital, Torrance. CRMP Area IV.

9:00 a.m., Room 73-105, Health Sciences Center, UCLA.

Orthopedics. 10:00 a.m. Auditorium of the Children's Division, Los Angeles County-USC Medical Center. The third Saturday of each month. USC.

#### OF INTEREST TO ALL PHYSICIANS

March 16-17—**Arthritis and Immunity in Children and Young Adults.** USC and Children's Hospital of Los Angeles at Children's Hospital, Los Angeles. Friday-Saturday. Contact: USC.

March 17—**Orthopedic Pathology.** So. Calif. Div., International College of Surgeons and Los Angeles Orthopaedic Hospital at Orthopaedic Hospital, Los Angeles. Saturday. \$50. 10 hrs. Contact: Darline Murphy, Exec. Secy., So. Calif. Div., ICS, 136 N. Brighton, Burbank 91506. (213) 846-0669.

March 22-24—**Intensive Interview Seminar.** UCD. Thursday-Saturday.

March 24—**Abnormal Laboratory Data—Evaluation and Follow-Up. Complete Blood Count and Coagulation Screening Tests.** PMC. Saturday.

March 24—**Tuberculosis and the Family Physician.** UCSF. Saturday.

March 28—**Neurology for the Practicing Physician.** Eden Hospital at Edgewater Hyatt House, Oakland. Wednesday. \$25. Contact: E. Gregory Thomas, MD, Eden Hospital, 20103 Lake Chabot Road, Castro Valley 94546. (415) 537-1234.

March 28-June 6—**Effective Management of Organizations and Programs in a Changing Environment.** Center for Training in Community Psychiatry at 11665 W. Olympic Blvd., Los Angeles 90064. Wednesdays.

March 29-30—**The Role of the Medical Director in the Long Term Care Facility.** AMA and HEW Region IX at Ben Brown's Motel, South Laguna. Thursday-Friday. 14 hrs. Contact: Lloyd Wergeland, MD, P.O. Box 417, Santa Ana.

March 30—**Nutritional Problems in Medical Practice.** UCD. Friday.

March 31-April 1—**Death and Grief—What the Living Can Learn from the Dying.** UC Extension at UC Extension Center, San Francisco. Saturday-Sunday. \$35. Contact: UC Extension, 55 Laguna St., San Francisco. (415) 861-5452.

April 4-8—**Vascular Surgery.** UCLA at Erawan Garden Hotel, Indian Wells. Wednesday-Sunday.

April 5-6—**West Coast Counties Regional Postgraduate Institute.** CMA at Del Monte Hyatt House, Monterey. Thursday-Friday. Contact: CMA.

April 7—**Abnormal Laboratory Data—Evaluation and Follow-Up—Thyroid Function Studies.** PMC. Saturday.

April 7-8—**International College of Applied Nutrition—Thirteenth Annual Convention.** Hilton Hotel, Pasadena. Saturday-Sunday. \$35. 12 hrs. Contact: Mrs. Harold Stone, P.O. Box 386, La Habra 90631. (213) 697-4576.

April 10—**Critically Ill Conference.** RMP Area II at Glenn General Hospital, Willows. Tuesday. Contact: Ms. Gail Carter, RMP Area II, UCD. (916) 752-0328.

April 12-13—**Sexuality and Venereology.** UCSF. Thursday-Friday.

April 13—**Industrial Back Injuries.** PMC. Friday.

April 14-15—**Autism—Diagnosis, Management and Current Research.** UCLA. Saturday-Sunday. \$25.

April 15-20—**Diagnostic and Therapeutic Skills in Medical Practice.** USC at Kahala Hilton Hotel, Honolulu. Sunday-Friday.

April 26-28—**Emergency Room Medicine.** USC. Thursday-Friday.

April 27—**Quality of Patient Care.** UCSF. Friday.

May 1—**Care of the Burn Patient—RMP Area II and Mercy Hospital at Shasta Convention Center, Redding.** Tuesday. Contact: Ms. Gail Carter, RMP Area II, UCD. (916) 752-0328.

May 2—**Biomedical Lecture Series.** UCSD. Wednesday.

May 4-5—**San Joaquin Valley Counties Regional Postgraduate Institute.** CMA at Ahwahnee Hotel, Yosemite National Park. Friday-Saturday.

My 5—**Acupuncture.** USC. Saturday.

May 9-10—**Medical Record Audit.** USC. Wednesday-Thursday.

May 17-19—**Ear, Nose and Throat for General Practitioners.** UCSF. Thursday-Saturday.

May 19—**Nutrition and Mental Development.** UCSF. Saturday.

May 19—**Sexual Problems in a Medical Practice.** USC Division of Psychiatry. Saturday. \$30. 6 hrs.

June 7-10—**Teaching Physicians to Teach.** UCD Division of Family Practice. Thursday-Sunday.

June 8-10—**Life Sciences Symposium.** St. Mary's Hospital and the Dominican College of San Rafael at Dominican College, San Rafael. Friday-Sunday. Contact: St. Mary's Hospital and Medical Center, 2200 Hayes St., San Francisco 94117. (415) 752-4000.

June 9-10—**Postgraduate Symposium—Seventeenth Annual.** California Academy of General Practice, San Diego Chapter, at Hotel del Coronado, Coronado. Saturday-Sunday. Contact: Vernon F. Perrigo, MD, 278 Avocado, El Cajon 92020.

June 19-20—**Drug Therapy and Pharmacology.** USC. Tuesday-Wednesday.

Continuously—**Family Health Program—Southern California.** 2925 N. Palo Verde, Long Beach. Second Friday of each month. 1:00-2:00 p.m. Contact: UCI.

Continuously—**Pacific Hospital of Long Beach Medical Education Seminar.** 12:45 p.m. March 30—Rufus A. Davis, M.D. Memorial Lecture—Indications and Use of Colonoscopy and choledochoduodenoscopy. April 12—Edema—Mechanism and Treatment. Contact: Russell M. Husted, MD, Dir. Med. Ed., Pacific Hospital of Long Beach, 2776 Pacific Ave., Long Beach 90806.

Continuously—**"Round Robin" Hospital Lectures.** UCI and American Medicorp at Garden Park Hospital, Anaheim; Hartland Hospital, Baldwin Park; Imperial Hospital, Hawthorne; La Mirada Hospital, La Mirada; San Gabriel Valley Hospital, San Gabriel; Stanton Community Hospital, Stanton; Studebaker Community Hospital, Norwalk; West Anaheim Community Hospital, Anaheim; Westminster Community Hospital, Westminster. Contact: UCI.

Continuously—**Hospital Lecture Program.** UCI at Mission Community Hospital, Mission Viejo; Huntington

## Finer ALLERGENIC Extracts

- specialized allergy service
- diagnostic and therapeutic extracts

## PROMPT • PERSONAL SERVICE

*Frees you from details and delays.  
Provides you with ready-to-use extracts.*

*Descriptive literature sent on request.*



## BERKELEY BIOLOGICALS

Second & Hearst Sts., Berkeley, Calif. 94710  
2275 W. Lincoln Ave., Anaheim, Calif. 92801

(Continued from Page 36)

### POSITIONS AVAILABLE

**PUBLIC HEALTH NURSE**—\$10,884 to \$13,224 depending on qualifications. Two immediate full or part time positions. Requires California RN and PHN certificates. Progressive, expanding service in modern central California Public Health Department. CONTACT: Dorothy Potts, RN, PHN, Director of Public Health Nursing, Kern County Health Department, 1700 Flower St., Bakersfield, Ca.

**MEDICAL DIRECTOR**—The Butte County Community Hospital has an immediate opening for a Medical Director. The annual salary for this position is \$37,400 plus a two bedroom home and liberal fringe benefits. The 139-bed hospital is located in Oroville, Northern California. The area offers excellent recreational and living conditions. The medical services include acute, outpatient clinic and extended care facilities. A resident staff of four MD's plus available medical consultants. Contact Butte County Personnel Department, Courthouse, Oroville, Ca. 95965, An equal opportunity employer.

### SITUATION WANTED

**INTERNIST-IN-TRAINING** wishes to rent house or large apartment in Bay Area of San Francisco for one or two years, commencing June or July, 1973. Please write Dr. Anthony J. Nolan, St. Paul's Hospital, Vancouver 5, B.C., Canada.

**BOARD ELIGIBLE CARDIOLOGIST**, California licensed, with extensive university training in chest medicine and all aspects of cardiology desires a position with academic affiliation in California beginning in July of 1973. Write: California Medicine, 693 Sutter St., Box 9343, San Francisco, Ca. 94102.

### ASSOCIATE WANTED

**INTERNIST** to associate with 3 Board Internists—Consultant Caliber—\$33,000 minimum 1st yr. plus percentage—Partnership after 1 yr.—Los Angeles-Long Beach area. Contact D. Ginns, MD, 3791 Katella, Los Alamitos, Ca. 90720. (213) 430-7533.

### PRACTICE FOR SALE

**FAMILY PRACTICE FOR SALE**—Retiring at 65, 25 by 44 foot building with seven rooms, records, equipment. Business district of West Covina, midway between 2 close non-profit hospitals. Contact: M. E. Langner, MD, 1045 E. State St., West Covina, Ca. 91790.

**FOR SALE:** Monterey Peninsula, Pacific Grove, Calif. Active, solo medical practice, mostly geriatric. Two local hospitals. Large corner lot with separate home and fully equipped office. Retiring. Will introduce. Contact Blaney B. Blodgett, MD, P.O. Box 385, Pacific Grove, Ca. 93950. Phone (408) 372-3641.

### PRACTICE FOR SALE

**CALIFORNIA MEDICAL PRACTICES FOR SALE.** Free mailing list for buyers. Also practices available in Oregon, Washington, Idaho, Utah, Nevada, Colorado, Arizona, New Mexico, Texas, Florida, Georgia, and New England States. Professional Practice Sales, 17802 Irvine Blvd., Tustin, Calif. (714) 832-0230, or 1428 Irving Street, San Francisco (415) 661-0608. Write for free brochure, "Things you Should Know About Buying or Selling Professional Practices."

**MAKE OFFER FOR SOLO ENT PRACTICE**—San Jose. Retiring after 30 years. John Childrey, MD, 1020 Camino Pablo. Phone (408) 286-5620.

### OFFICES FOR LEASE, RENT OR SALE

**ANAHEIM, CALIFORNIA, GP'S, ENT, ORTHOPEDIST**—Urgently needed. None present in this large established medical center. Five acute hospitals easily accessible. Special rental allowance. Contact: Mr. Allen, (714) 772-7013. 2221 W. Colchester, Anaheim, Ca. 92804.

**MEDICAL SUITES AVAILABLE**—New wing of established medical-dental building, adjacent to Queen of the Valley Hospital in Napa, California. Immediate occupancy. Please call (707) 224-5522.

**MEDICAL SUITE FOR LEASE.** 2255 Van Ness Ave., San Francisco. 750 square feet. Elevator, all maintenance services, and utilities included. Reasonable rent. Will remodel to suit. Available immediately. For appointment call (415) 587-3657.

**MEDICAL BLDG.,** fully equipped in growing mountain community. Adjacent to local hospital. Death of physician makes available guaranteed demand for services without purchase of practice. Landscaped building large enough for more than one doctor. Close to golf, tennis, and fishing at nearby Lake Almanor. \$50,000, sensible terms, Kehr & Taylor, Box 678, Chester, Ca. 96020.

**VISTA,** smog-free rapidly growing community northern San Diego County. Long-established physician's office downtown, ample private parking. Total 10 rooms including reception and office, x-ray lab, examining rooms, plus 3 bathrooms. Total 2,300 square feet, air-conditioned, draped and partially carpeted. Immediate occupancy. Telephone (714) 726-3232.

**MARIN COUNTY, SAN RAFAEL:** Modern A/C office in Medical-Dental building now occupied by 3 GP's, 1 dentist. For sub-lease up to 650 sq. ft., minimum 2 year lease. Ideal for psychiatrist, GP, internist. Contact: Business Manager, Terra Linda Medical Group, 900 Las Gallinas Avenue, San Rafael, Ca. 94903, Telephone (415) 479-1022.

### EDUCATIONAL PROGRAMS

**PHYSICIAN EDUCATION PROGRAM IN FAMILY PLANNING AT UCLA.** Sponsored by the American College of Obstetrics and Gynecology. Approved for credit by the American Academy of General Practice. Six (6) courses for six (6) physicians each from January through June 1973. Seven day individualized program with a "core curriculum and elective courses." Didactic clinical, surgical, and community experience in Family Planning. No tuition fees. \$26.00 per diem provided. For more information contact Irvin M. Cushner, MD, OB-GYN Department, UCLA, Center for Health Sciences, Los Angeles, California 90024. Telephone (213) 826-1046.

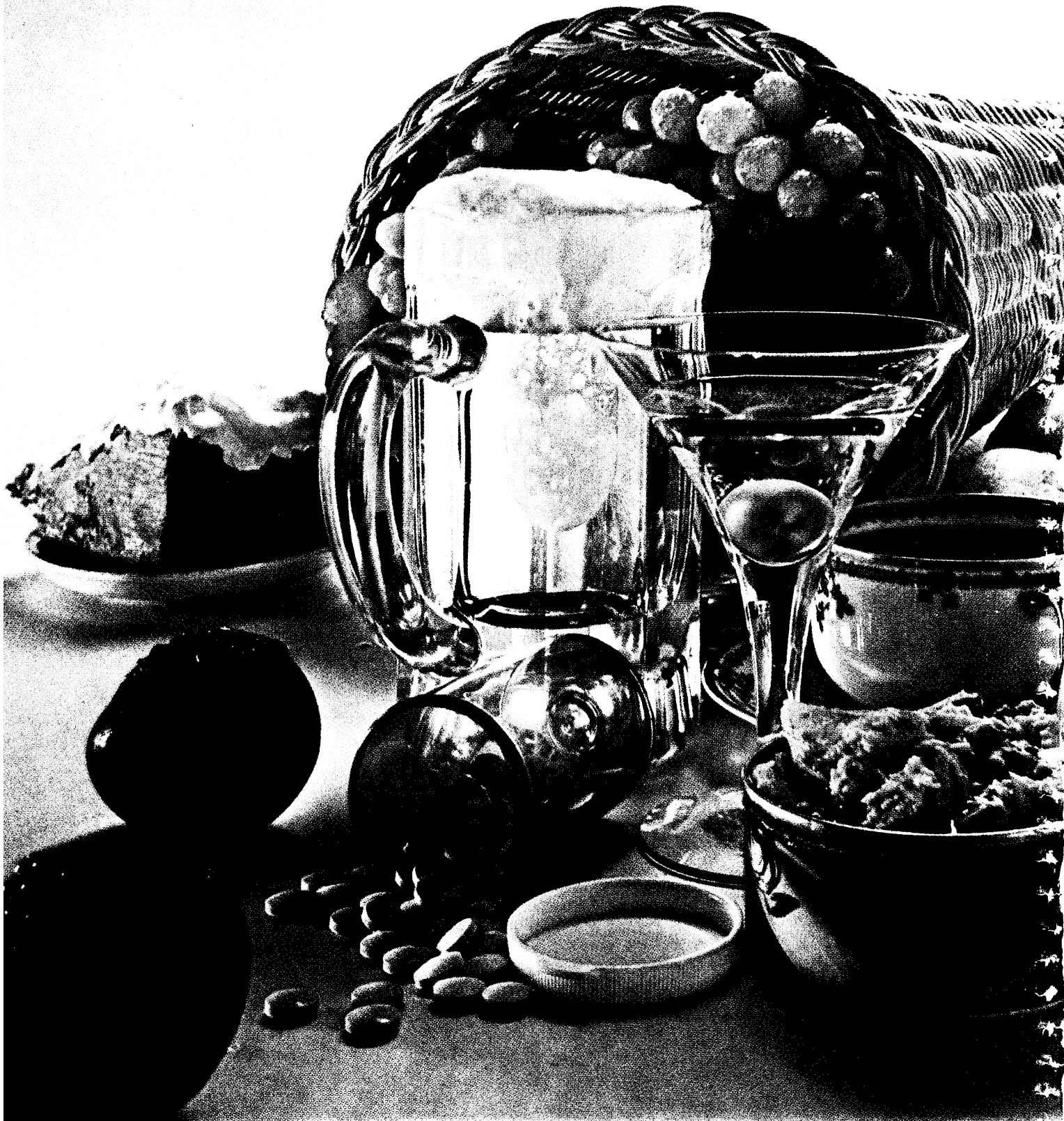
### NATIONWIDE ELECTROCARDIOGRAM CONSULTATION PROGRAM 24-HOUR-A-DAY SERVICE

Experienced and qualified cardiologists. Your phone. No complex equipment. No minimum charge. No installation fee. Signed reports follow. Usage charge only. "EKG" 415-665-4000. Collect. Write ESI: Suite 600, 350 Parnassus Avenue, San Francisco, California 94117.

# **INDEX TO CALIFORNIA MEDICINE ADVERTISING**

Abbott Laboratories <i>Selsun</i> .....	3	Eli Lilly Company <i>Ilosone</i> .....	32
American Geriatrics Society .....	46	Mead Johnson Laboratories <i>K-Lyte</i> .....	16 and 17
Armour Pharmaceutical Company <i>Letter</i> .....	15	<i>Vasodilan</i> .....	26
Associates Inc. ....	39	Ortho Pharmaceutical Corporation <i>Diaphragms</i> .....	5
Ayerst Laboratories <i>Beminal</i> .....	18	<i>Sporostacin</i> .....	13
Bank of America <i>Practice Money</i> .....	19	PVO International <i>Saffola</i> .....	25
Bio-Science Laboratories <i>Vitamin B<sub>12</sub></i> .....	31	Pharmaceutical Manufacturers' Association .....	27, 28 and 29
Books Received .....	43, 54, 56 and 58	Purdue Frederick <i>Senokot</i> .....	20
Burroughs Wellcome Co. <i>Empirin with Codeine</i> .....	33	Roche Laboratories <i>Dalmane</i> .. Inside Front Cover, 1 and 2	
California Association of Paramedical Schools .....	40	<i>Efudex</i> .....	10 and 11
Classified .....	35, 36 and 55	<i>Librax</i> .....	22 and 23
Compton Foundation Hospital .....	56	<i>Valium</i> .....	38
Ingram Pharmaceutical <i>Kato Powder</i> .....	36 and 37	G. D. Searle <i>Lomotil</i> .....	60 and Inside Back Cover
Ives Laboratories Inc. <i>Isordil</i> .....	14	Smith, Kline & French <i>Hemocult</i> .....	12
Lederle Laboratories <i>Minocin</i> .....	Outside Back Cover	<i>Ornade</i> .....	44
Advertising • MARCH 1973		Stacey's Books .....	43
		Stuart Pharmaceutical, Division of ICI America Inc. <i>Kinesed</i> .....	6 and 7
		<i>Mylanta</i> .....	45
		Temple University Press <i>Acupuncture</i> .....	59
		Upjohn Company <i>Halotestin</i> .....	21
		Wallace Pharmaceuticals <i>Milpath</i> .....	8 and 9
		Warner-Chilcott <i>Coly-Mycin S Otic</i> .....	24
		<i>Mandelamine</i> .....	42 and 43
		<i>Pre-Sate</i> .....	34 and 35
		Wine Advisory Board .....	30





**IMPORTANT INFORMATION:** This is a Schedule V substance by Federal law; diphenoxylate HCl is chemically related to meperidine. In case of overdosage or individual hypersensitivity, reactions similar to those after meperidine or morphine overdosage may occur; treatment is similar to that for meperidine or morphine intoxication (prolonged and careful monitoring). Respiratory depression may recur in spite of an initial response to Nalline® (nalorphine HCl) or may be evidenced as late as 30 hours after ingestion. LOMOTIL IS NOT AN INNOCUOUS DRUG AND DOSAGE RECOMMENDATIONS SHOULD BE STRICTLY ADHERED TO, ESPECIALLY IN CHILDREN. THIS MEDICATION SHOULD BE KEPT OUT OF REACH OF CHILDREN.

**Indications:** Lomotil is effective as adjunctive therapy in the management of diarrhea.

**Contraindications:** In children less than 2 years, due to the decreased safety margin in younger age groups, and in patients who are jaundiced or hypersensitive to diphenoxylate HCl or atropine.

**Warnings:** Use with caution in young children, because of variable response, and with extreme caution in patients with cirrhosis and other advanced hepatic disease or abnormal liver function tests, because of possible hepatic coma. Diphenoxylate HCl may potentiate the action of barbiturates, tranquilizers and alcohol. In theory, the concurrent use with monoamine oxidase inhibitors could precipitate hypertensive crisis.

**Usage in pregnancy:** Weigh the potential benefits against possible risks before using during pregnancy, lactation or in women of childbearing age. Diphenoxylate HCl and atropine are secreted in the

breast milk of nursing mothers.

**Precautions:** Addiction (dependency) to diphenoxylate HCl is theoretically possible at high dosage. Do not exceed recommended dosages. Administer with caution to patients receiving addicting drugs known to be addiction prone or having a history of drug abuse. The subtherapeutic amount of atropine is added to discourage deliberate overdosage; strictly observe contraindications, warnings and precautions for atropine; use with caution in children since signs of atropinism may occur even with the recommended dosage.

**Adverse reactions:** Atropine effects include dryness of skin and mucous membranes, flushing and urinary retention. Other side effects with Lomotil include nausea, sedation, vomiting, swelling of the gums, abdominal discomfort, respiratory depression, numbness of the extremities, headache, dizziness, depression, malaise, drowsiness, coma, lethargy.



Many  
things  
can cause  
diarrhea.  
**LOMOTIL**  
will almost  
surely stop it.

The causes of diarrhea are as varied as man's complaints and indiscretions. Because the causes of diarrhea can be obscure and because uncontrolled diarrhea can present serious problems, it is important to know a drug that will usually stop diarrhea promptly. For many physicians, the antidiarrheal drug of choice is Lomotil. It provides almost certain control of diarrhea.

It is also useful in controlling the intestinal transit time of patients with ileostomies and colostomies and the diarrhea occurring after gastric surgery.

Serious side effects are infrequent with Lomotil. It should be used with caution in young children, however, because of their variability in response. Use of Lomotil in children under two years of age is contraindicated.

**For the almost certain  
control of diarrhea,**

## LOMOTIL®

### TABLETS/LIQUID

Each tablet and each 5 ml. of liquid contain:  
Diphenoxylate hydrochloride ..... 2.5 mg.  
(Warning: may be habit forming)  
Atropine sulfate ..... 0.025 mg.



SEARLE & CO.  
San Juan, Puerto Rico 00936

Address medical inquiries to:  
G. D. Searle & Co., Medical Department  
Box 5110, Chicago, Illinois 60680

anorexia, restlessness, euphoria, pruritus, angioneurotic edema, giant urticaria and paralytic ileus.

**Dosage and administration: Lomotil is contraindicated in children less than 2 years old.** Use only Lomotil liquid for children 2 to 12 years old. For ages 2 to 5 years, 4 ml. (2 mg.) t.i.d.; 5 to 8 years, 4 ml. (2 mg.) q.i.d.; 8 to 12 years, 4 ml. (2 mg.) 5 times daily; adults, two tablets (5 mg.) t.i.d. to two tablets (5 mg.) q.i.d. or two regular teaspoonfuls (10 ml., 5 mg.) q.i.d. Maintenance dosage may be as low as one fourth of the initial dosage. Make downward dosage adjustment as soon as initial symptoms are controlled.

**Overdosage:** Keep the medication out of the reach of children since accidental overdosage may cause severe, even fatal, respiratory depression. Signs of overdosage include flushing, lethargy or coma, hypotonic reflexes, nystagmus, pinpoint pupils, tachycardia and respiratory depression which may occur

12 to 30 hours after overdose. Evacuate stomach by lavage, establish a patent airway and, when necessary, assist respiration mechanically. Use a narcotic antagonist in severe respiratory depression. Observation should extend over at least 48 hours.

**Dosage forms:** Tablets, 2.5 mg. of diphenoxylate HCl with 0.025 mg. of atropine sulfate. Liquid, 2.5 mg. of diphenoxylate HCl and 0.025 mg. of atropine sulfate per 5 ml. A plastic dropper calibrated in increments of ½ ml. (total capacity, 2 ml.) accompanies each 2-oz. bottle of Lomotil liquid.

# MINOCIN<sup>®</sup> made the difference in just eight days.\*

## Clinical Data:

**Patient:** 47-year-old male.

**Diagnosis:** Severe pyoderma, left hand.

**Culture:** *Staphylococcus aureus*, coagulase positive and sensitive to MINOCIN.

**Temperature:** 102° F

**Therapy:** MINOCIN Minocycline HCl Capsules, 100 mg: 200 mg *stat*, 100 mg every 12 hours. Medication began 9/7/71. By fourth day, temperature was normal and pustular lesions considerably improved. Last dose taken 9/14/71.

**Concomitant therapy:** None.<sup>†</sup>



Minocycline is a tetracycline with activity against a wide range of gram-negative and gram-positive organisms.

**Contraindications:** Hypersensitivity to any tetracycline.

**Warnings:** The use of tetracyclines during tooth development (last half of pregnancy, infancy and childhood to the age of 8 years) may cause permanent discoloration of the teeth (yellow-gray-brown). This is more common during long-term use but has been observed following repeated short-term courses. Enamel hypoplasia has also been reported. Tetracyclines, therefore, should not be used in this age group unless other drugs are not likely to be effective or are contraindicated. In renal impairment, usual doses may lead to excessive accumulation and liver toxicity. Under such conditions, use lower doses, and, in prolonged therapy, determine serum levels. Photosensitivity manifested by an exaggerated sunburn reaction has been observed in some individuals taking tetracyclines. Advise patients apt to be exposed to direct sunlight or ultraviolet light that such reaction can occur, and discontinue treatment at first evidence of skin erythema. Studies to date indicate that photosensitivity does not occur with MINOCIN Minocycline HCl. In patients with significantly impaired renal function, the antianabolic action of tetracycline may cause an increase in BUN, leading to azotemia, hyperphosphatemia, and acidosis. Pregnancy: In animal studies, tetracyclines cross the placenta, are found in fetal tissues, and can have toxic effects on the developing fetus (often related to retardation of skeletal development). Embryotoxicity has been noted in animals treated early in pregnancy. Safety of use during human pregnancy has not been established. **Newborns, infants and children:** All tetracyclines form a stable calcium complex in any bone-forming tissue. Prematures, given oral doses of 25 mg./kg. every 6 hours, demonstrated a decrease in fibula growth rate, reversible when drug was discontinued. Tetracyclines are present in the milk of lactating women who are taking a drug of this class. Safe

use has not been established in children under 13.

**Precautions:** Use may result in overgrowth of nonsusceptible organisms, including fungi. If superinfection occurs, institute appropriate therapy. In venereal diseases when coexistent syphilis is suspected, darkfield examination should be done before treatment is started and blood serology repeated monthly for at least four months. Patients on anticoagulant therapy may require downward adjustment of such dosage. Test for organ system dysfunction (e.g., renal, hepatic and hemopoietic) in long-term use. Treat all Group A beta hemolytic streptococcal infections for at least 10 days. Avoid giving tetracycline in conjunction with penicillin.

**Adverse Reactions:** (Common to all tetracyclines, including MINOCIN) GI: (with both oral and parenteral use): anorexia, nausea, light-headedness, vomiting, diarrhea, glossitis, dysphagia, enterocolitis, inflammatory lesions (with monilial overgrowth) in anogenital region. **Skin:** maculopapular and erythematous rashes. Exfoliative dermatitis (uncommon). Photosensitivity is discussed above ("Warnings"). **Renal toxicity:** rise in BUN, dose-related (see "Warnings"). **Hypersensitivity reactions:** urticaria, angioneurotic edema, anaphylaxis, anaphylactoid purpura, pericarditis, exacerbation of systemic lupus erythematosus. When given in high doses, tetracyclines may produce brown-black microscopic discoloration of thyroid glands; no abnormalities of thyroid function studies are known to occur. In young infants, bulging fontanels have been reported following full therapeutic dosage, disappearing rapidly when drug was discontinued. **Blood:** hemolytic anemia, thrombocytopenia, neutropenia, eosinophilia.

**NOTE:** Concomitant therapy: Antacids containing aluminum, calcium, or magnesium impair absorption; do not give to patients taking oral minocycline. Studies to date indicate that MINOCIN is not notably influenced by foods and dairy products.

\*Indicated in infections due to susceptible organisms. Culture and sensitivity testing recommended. Tetracyclines are not the drugs of choice in the treatment of any staphylococcal infection.

†Case Report, Clinical Investigation Department, Lederle Laboratories.



LEDERLE LABORATORIES, A Division of American Cyanamid Company, Pearl River, New York 10965

436-2